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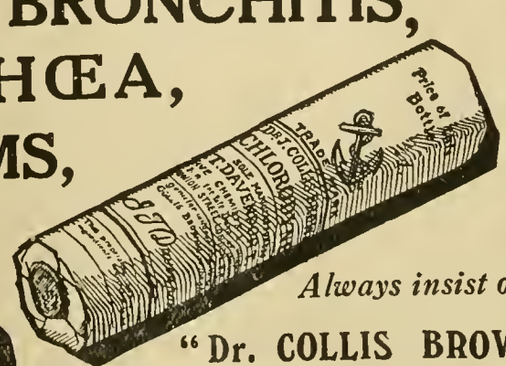

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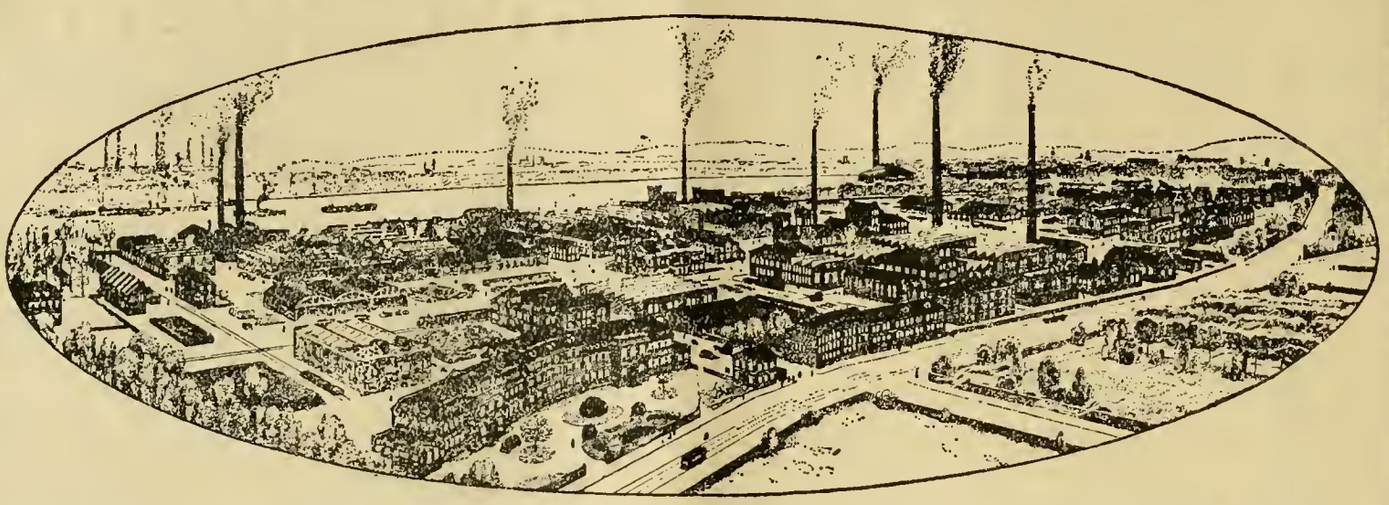

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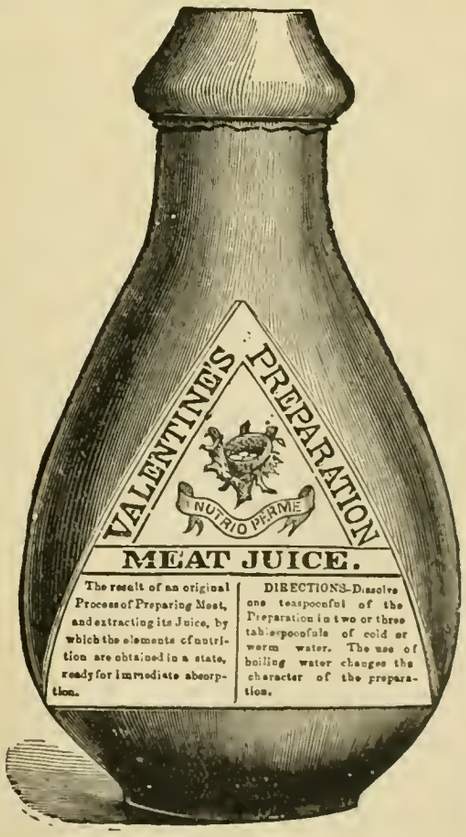
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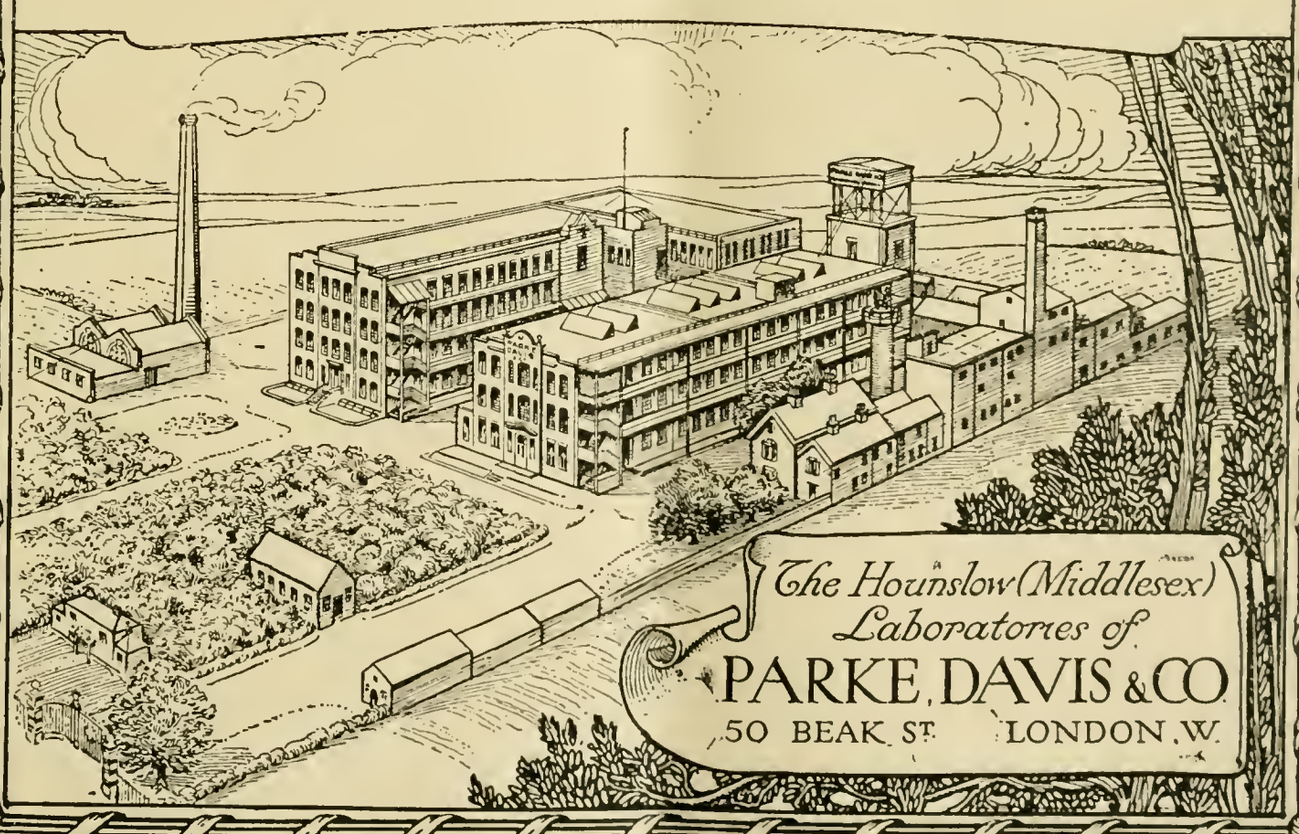

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THE MEDICAL PRESS AND CIRCULAR.

"SALUS POPULI SUPREMA LEX"

VOL. CLIV WEDNESDAY, JANUARY 17, 1917. No. 3.

AT THE PERIPHERY.

"Loué par ceux-ci, blâmé par ceux-là, me moquant des sots, bravant des méchants. je me hâte de rire de tout, de peur d'être obligé d'en pleurer."—BEAUMARCHAIS.

A Pertinent Question.

A CORRESPONDENT writes: "In the 'Periphery' of December 27th, in commenting on some remarks in the *Times*, you say that there is no longer any question of discussing the formation of a medical trade union; that such a thing already exists, and you refer to the Panel Medical Practitioners' Union, of which, you hint, the *Times'* correspondent has evidently never heard. May I ask if you have ever heard of the National Medical Guild, which is not only a trade union, but the oldest medical trade union, the membership of which is not confined to Panel doctors, but is open to every registered practitioner?" Well, I am not as ashamed, as in other circumstances I might have been, to confess that I had never heard of the National Medical Guild. Since the outbreak of war the Guild appears to have been in a state of suspended animation—that is my excuse. I have now informed myself concerning it, and I find (a) that it has resumed its activities, and (b) that it is an organisation which I can very cordially recommend to every member of the medical profession.

A Trade Union.

THE National Medical Guild was registered as a trade union in 1913, and was very actively engaged up to August, 1914. It then assumed, erroneously, as it now appears, that the "political truce" was to extend to medical politics, and ceased its propaganda. So far from there having been any truce in medical politics, we have it on the authority of the *Times* correspondent that there are several schemes on the hooks for enslaving the profession after the war (the phraseology is mine, not his). I have repeatedly urged upon my readers the necessity for organising so as to offer a united and effective front to any State endeavour to impose unjust terms upon us; and I have as repeatedly exposed the uselessness to such an end of all existing organisations in the profession. I have been accused, not without some justice, of being iconoclastic; in that, realising the strength of the menace and recognising the inadequacy of the defence, I had no constructive policy to offer. Had I but known it, the policy had already been constructed, and it gives me great pleasure to introduce it to my readers.

National Medical Guild.

THE National Medical Guild lives at 34, Villiers Street, London, W.C. Its membership is open to any duly qualified registered medical practitioner. Its annual subscription is one guinea; but it is by no means averse to accepting donations. Its affairs are managed by a central council elected annually by the members. The general secretary is Dr. P. C. Raiment, and the telephone number, Gerrard 800.

The B.M.A.

A BOOKLET issued by the Guild contains the following very interesting information, which my readers should consider carefully. "Anterior to 1914, it was dangerous for the British Medical Association to utilise its funds in the furtherance of what is known as 'restraint of trade,' *i.e.*, attempts to procure the imposition of restrictive conditions on the free interchange of capital and labour. Such an act as the endeavour to prevent the signing of insurance contracts, the threat that renewals would only be signed on certain terms, will readily occur to the reader as examples of 'restraint of trade.' It was dangerous in 1913, and realising that danger the Guild was founded as a complementary and not an antagonistic body. But by the end of 1913 the situation was greatly changed, and what had previously been merely dangerous became absolutely impossible. In December, 1913, the B.M.A., in exchange for certain privileges, gave the Board of Trade a solemn undertaking couched in the following words:—

> "Provided that the Association shall not support with its funds any object, or endeavour to impose on or procure to be observed by its members or others any regulation, restriction, or condition which if an object of the Association would make it a trade union."

"The B.M.A. on the day they ratified this committed political suicide, hence the work and the continued success of the Guild."

Political Decease.

IT is thus obvious that the B.M.A., which for years trembled on the brink of trade unionism, and never could summon up courage to take the necessary plunge, is now henceforth and for evermore quite powerless. Let it

return to the scientific paths which it cultivated so creditably, and leave politics to those who have the brains, energy and foresight to manage them properly.

Two Trade Unions.

It is, of course, much to be regretted that there should be two trade unions within the profession, the National Medical Guild and the Panel Medical Practitioners' Union. The latter is, however, what may be described as a sectarian organisation, for its effective membership is confined to Panel doctors, whereas the Guild is comprehensive in its appeal. It would be a good thing if the two could be amalgamated; perhaps later on that will come, at any rate, in so far as an agreement upon policy is concerned.

Dr. Cautley's Address.

The necessity for the organisation of the profession at this juncture is well brought out by Dr. Edmund Cautley in his presidential address to the Harveian Society, which appeared in the *Lancet* of January 13th. The title foreshadows the pith. "The State Octopus and the Medical Profession" is none too ambitious a description of what follows, for Dr. Cautley, who has the gifts of clear vision and lucid expression—not too common in the profession—has condensed into a relatively small space the gist of a very large question, which is, or ought to be, agitating the minds of thinking medical men, and the result is a very thoughtful, thought-compelling, and interesting paper which deserves to be widely studied.

The B.M.A. Again.

On the subject of organisation Dr. Cautley put in a plea for the B.M.A. thus:—"I hope I have made it clear that our relations with the State and the public are in a state of flux, and that it is dependent on individual members of the profession to watch and direct the course of the current. Unfortunately we have no representative body which possesses the complete confidence of our profession or the power to enforce its resolutions. The British Medical Association diminished its rapidly increasing influence by allowing some members of its council to make use of it for political purposes in connection with the Insurance Act. At first it was remarkably successful in organising the profession in opposition to the Bill on certain lines, but some of its members broke up the concordance by holding meetings in support of the Bill. Incidentally, I may remark they remained members of the Association. Still, it is possible for the British Medical Association, if managed with greater tact, more tolerantly, and for the benefit of the profession as a whole, rather than for the advancement or advertisement of sections or individuals, to obtain and retain a valuable advisory and directing hand in the future. As our only active representative body it should receive our support, even if we do not invariably agree with its policy in particular cases."

Ichabod.

Here, I need not say, I am at variance with Dr. Cautley. At the time of the Insurance Bill the B.M.A. proved itself utterly unworthy of the confidence of the profession, and in matters political that confidence is a glory which has departed from it for ever. If ever there was a Humpty Dumpty in real life it is the B.M.A. At the time of the Insurance Bill the B.M.A. showed itself incompetent. That was unfortunate, but it was theoretically remediable by replacing the incompetents by competents. Now, however, even that would be useless, for the B.M.A., as above explained in the quotation from the booklet of the Guild, has voluntarily signed away any real power to which it might at one time have laid claim. In order to be able to hold real property it had to barter its birthright of effective combination. This was done, irrevocably done, in December, 1913.

Effective Leadership.

Now these are facts which Dr. Cautley and others should look in the face. In the closing paragraph of his address the following words appear:—"We do not want a repetition of the scandals in connection with the appointments at the time the Insurance Act was in the throes of labour. Nor do we want representatives who have retired from practice through age, incompetence, or infirmity, for such posts are not those of *otium cum dignitate*. Granting efficacious leadership, it will be possible to develop a medical service, suitable to the genius of the nation, out of the present state of chaos which I have somewhat inadequately pictured. Above all, under proper leadership, it will be possible to put forward practical schemes, carefully thought out under medical guidance, rather than have to carry out the imperfectly-devised experiments to which we and the public are subjected." That is very well said, but it represents a policy which cannot now be carried out by the B.M.A. An organisation without a "past" is wanted, an organisation which can speak with authority and bargain with effect. Such an organisation the B.M.A. is not.

Suggestions.

It is therefore worse than useless to look to the B.M.A. for effective leadership. For good or ill, it has committed political suicide, and this fact compels us to look elsewhere. What is urgently required is a body to represent the profession vis-à-vis the State, in which the profession has confidence, and which the State would be obliged to treat with respect. It has been suggested that the Central Medical War Committee might be so purged and re-organised as to present the embryo of such a body. Setting aside all other objections to this suggestion, and they seem to me many, a fatal barrier to the proposal is the fact that the Central Medical War Committee is without any political power. It enjoys, it is true, the stamp of official recognition, but this, which was rather lightly granted, might be even more lightly withdrawn in the event of the Committee declining to see eye to eye with the authorities. The National Medical Guild, on the other hand, presents something in the nature of a clean slate on which the faithful and determined may inscribe what they please. But a beginning should be made at once.

Sinapis.

OF CONSTIPATION.

WHY is it that civilised man should be a constipated animal is a question that requires answering. And the answer is not, in truth, very far to seek. It is this. Civilised man eats too much, thinks too much, and sits too much. Also, he uses a water-closet. Uncivilised man hunted his food, and thus justified its consumption. He frequently fasted, either actually or relatively. The hunting kept his abdominal muscles in good order; and he slept, as a child sleeps, prone and fatigued. Civilisation, not altogether devoid of advantages, is, physiologically, full of drawbacks. The control of the lower centres by the higher is essential to social life; it is the pivot round which the community revolves, and the disgusting act of defæcation is very properly the first to be brought under the iron heel of propriety.

Very early in the life of the child the control centres are invoked, and defæcation—which, in strictest physiology, should occur after each meal, that is, at least thrice daily—is severely battened down until it reaches the level of a grudging diurnal concession to lower things. Then come social, scholastic and other exigencies; the control is still further developed, until at length the control attains such complete mastery that the tail restrains the whole dog. That is the foundation; the superstructure erects itself.

This hypertrophic development of the control mechanism is the cause of all the trouble. In very early days, when the child is still on the level of the pot-de-chambre, he is discouraged from using it too frequently. Then, he is promoted to the water-closet, to poise himself on the seat of which is all the more an acrobatic feat to him because his instinct tells him that to fall backwards into that seemingly bottomless pit would be the end of all things. Then come the school days, and the necessity for regulating and still further controlling the excretory act. Boys are not encouraged to void their excreta, and girls are often positively discouraged. "You must not give way to those feelings; you must learn to control them." Alas! she proves all too apt a pupil. The control attains not only to mastery, but to depotism, and the healthy, clean-skinned adolescent rapidly become the sour-smelling and sour-tempered adult.

If peradventure such a victim of custom and *les covenances* should at this point come in contact with a medical man who has not been impervious to the gospel according to Arbuthnot Lane, he may still find salvation. But even so, with reason and good advice to guide him, in comparison with the savage, he finds himself handicapped. Many a time and oft he would like to, but cannot; letting "I dare not" wait upon "I would"; and even when he can, he is still surrounded by enemies. The chief of these is the modern water-closet. Savage man perforce adopts the crouching attitude normal and necessary to complete emptying of the lower bowel, and he has only to turn round to assure himself that the bowel is indeed empty, that the tribute of the descending colon is really sufficient to lighten the burden of the day's work, and that he is, so to speak, a free man. The beneficent psychic effect produced by the sight of a generous stool cannot be overestimated. It turns a melancholy man into a joyous one; it makes the timid courageous, and the lazy energetic. Now, the modern water-closet, for all its sanitary perfection *vis-à-vis* the community, is grossly defective *vis-à-vis* the individual, because it deprives him of the mental stimulus of the uplifting vision afforded by the result of his peristaltic labours. Nor is this its only crime. That its fathomless depth should deprive man of the pleasure of ocular appreciation is bad, but it is almost worse that its height from the ground should paralyse his abdominal muscles. These muscles are little enough exercised by sedentary man, but when seated on the ordinary everyday water-closet, he could not exercise them even if he would. A chair or a tall footstool may find him salvation by raising his knees, but if the basin itself were properly constructed, these adventitious and easily neglected aids would not be necessary. The Jennings, the Doultons, and the other practical sanitarians who have placed this generation under real obligations, should extend their energies to the standardisation of a rational and physiological closet.

And what, in this connection, is meant by the term "sufficient." The reply to this question given by a sergeant to a medical officer is worthy of record. "What do you mean by a good rear?" The answer was prompt. "Twice round the pan and pointed at both ends." Such, no doubt, represents an occasionally attainable ideal to the man who pays his homage to Cloacina but once a day. But the man who knows, has an ideal at once attainable and more workable: he solicits the goddess at least twice daily, and, careful though he be of the nature of his matutinal offering, it is to the vespertinal that he attaches the major importance. Then, freed from the press and distress which pursue him by day, he learns to lay his willing latria leisurely, leniently and lavishly at her gracious feet.

It was recently written (*a*): "There are people, and they are many, but not a few are unconscious delinquents, who hoard their fæces as a miser hoards his gold. A certain amount is daily and laboriously given to the world, but, in comparison to what remains behind, the amount is mean, physiologically insufficient, and therapeutically ineffectual. When young, these people carry their avarice upon their earthy, oily, and pimply faces. In middle age, they become anæmic, scant of breath, exiguous of shin, and abdominally opulent. Old age they never reach; or, reaching it, they afford examples of the slippered, petulant pantaloon whom Shakespeare has rendered classical." No one is more surely and, to the seeing eye, more obviously constipated than the man who lives in the Fool's Paradise of a small daily evacuation. Of town dwellers and sedentary livers there is not one in ten who does not require the aid of purgatives.

(*a*) *Practitioner*, April, 1916; article, "Common Aids."

CURRENT TOPICS.

Notification of Venereal Disease.

THE proper method of dealing with the venereal diseases is the subject of not a few long articles in the Australian journals, and it is freely admitted that in many instances the measures advised or ordered by the recent legislation in Victoria are only on their trial. It is obvious that no hard and fast rule can be laid down, whether in respect to general management or to notification, until time has shown which scheme has produced the best results. Until something is tried few results can be discussed, and that seems to be the grievance that most medical men harbour against the findings of the Royal Commission on Venereal Diseases. To enforce notification of syphilis or gonorrhœa by either doctor or patient would be exceedingly difficult, if not impossible, as in the first instance the doctor could hardly agree to do what would infallibly insure that he would seldom have the chance of doing it again, and, second, the plea of ignorance as to what was wrong with him could always be pleaded by the patient. It is difficult enough for a man to screw up sufficient courage to visit a doctor and describe his condition, and the effect of a legislation such as that contemplated would simply precipitate an abuse which has always been of great harm to the public health, namely, the treatment of diseases by unqualified persons. Few chemists have not been asked in their week's work to prescribe or to sell some remedy that "would be good for syphilis," and though treatment by these people is certainly to be condemned, the driving of patients to others who have not even the knowledge of drugs and doses that the chemist possesses, would be much worse. In Victoria the doctor is asked to notify without mentioning anything more than the initials, save when the patient ceases to keep up the treatment against the advice of his medical attendant, when the latter is obliged to give the full name and particulars. The Local Government Board was emphatic on the point that it was the unqualified treatment of venereal diseases that constituted the greatest obstacle to their suppression, and it is to be deplored that the same body has not gone a little further and suggested some means by which the abuse could be stopped altogether.

Renal Function in Pernicious Anæmia.

IN the *Archives of Internal Medicine* for October, 1916, H. A. Christian reports observations in fourteen cases showing that in a severe anæmia, renal function as measured by the dietary test of Hedinger and Schlayer, is disturbed in much the same way as in advanced chronic nephritis. The disorder of excretion seems to be either a nutritional or a toxic disturbance in renal cellular activity. There is no other evidence of chronic nephritis in these cases, and the disturbance decreases with improvement in the anæmia, unless the latter is so persistent as to lead to a permanent disturbance of renal function.

A Six Years' Course in Medicine.

THE Senate of the University of Toronto has decided that after July of 1918 the course for students of medicine will be six instead of five years. In this they have imitated the action of many colleges in the States and also in Great Britain, and, though they have not yet decided what change will be involved in the curriculum, it is nevertheless stated that the courses in chemistry and biology will be considerably amplified. That an extra year to the old course is a wise addition is, perhaps, generally admitted, but that the extra time should allow of a further instruction in the above subjects is hardly likely to meet with the approval of those who have gone through the mill, and who, on reflection, have decided upon where the weakness in their own particular instruction lay. While the preliminary studies in anatomy and physiology with those of materia medica are the stepping-stones to the final subjects, there can be no doubt but that the ordinary course in medicine results in the student rushing through his principal subjects without allowing himself that study of principles and effects of their application which can only be learned by a leisurely assimilation of facts. Too often is the final student transformed into a doctor before he has even diagnosed a case independently or written a prescription. Men are elected to public appointments who have never conducted even a normal labour by themselves, and that this should be possible is a grave indictment of the system which permits it. To add another year to the curriculum might only succeed in postponing the final spurt that too often represents all the real study that is ever done. It would indeed seem necessary that, if any change were to be made, the best would be that which would insure that the student should have at least two years to read for his final examination. In the present systems this is the time that most students have at their disposal, but if a preliminary final were held at the end of the fourth year and its successful negotiation made imperative, there would be no need for another year to be added on, though certainly it would give a much needed opportunity for developing the practical work in all branches that is so neglected in some centres.

Toronto University and the War.

FIGURES recorded to December, 1916, in the Registrar's office at the University of Toronto, show the ravaging effects of war on the enrolment lists of all the faculties of the university. The registration of students in Arts, Applied Science, Medicine and Forestry is practically complete, and the records show that in some cases the number of students now enrolled is less than half that of 1913-14. . . . Undergraduates and graduates of the University of Toronto serving with the Colours now number 3,020. Over 140 University of Toronto men have given their lives for the British Empire.

Reckless Tonsillectomy.

LIKE all "acute" fashions in surgical procedure, the removal of tonsils, after enjoying a breathless run of a number of years, is now beginning to hear as many bad things said about it as in former times its virtues were extolled. There can be no doubt in the mind of any careful doctor that a breathing space should soon be called, for the promiscuous removal of tonsils has brought in its train troubles that certainly do not make the operation seem worth the favour that it at one time found. That the public have been educated up to the fact that tonsils and adenoids are a general evil is perhaps undeniable, and the modern schoolmistress probably measures her standard of hygienic knowledge by the number of children she sends to the proper place for the indispensable operation. With all this in mind, it is not surprising that a recent number of the *New York Medical Record* should devote a great part of its space to a long indictment of the haphazard methods and inconclusive reasons that have dominated the whole domain of naso-pharyngeal work. Dr. S. E. Moore does not

spare the general practitioner in his comments upon the reasons for removal of tonsils that are generally put forth by that much abused person. He compares the indications for tonsillectomy with those which he avers are the standard for Caesarean section in one of the large maternity hospitals in New York, and these are said to be that the patient is pregnant, anæsthetised, and cannot speak English! He goes into the literature of the subject, and he has collected a surprisingly large number of cases in which the offending tonsils were blamed for all things from catarrh to epilepsy, and in a serious appeal to the faculty he asks for a more scientific consideration of the indications which call for the operation. So many children have been badly served by the improper and routine method of operating merely because the mother wishes it, that it should certainly give the profession cause to think and to consider how much at variance with all our wisest maxims is this wholesale sacrifice of a possibly useful structure merely because fashion has so demanded.

Liverpool and Venereal Disease.

With characteristic promptitude Dr. E. W. Hope, the able and energetic M.O.H. for the City of Liverpool, has prepared a scheme for the diagnosis and treatment of venereal diseases, in conformity with the order of the Local Government Board. At a meeting of the special sub-committee appointed to consider the question, held on November 29th last, the scheme was considered, and it was resolved "that it be recommended that the scheme now submitted by the M.O.H. be approved, and a copy thereof forwarded to the Local Government Board."

Dr. Hope's recommendations are now published in pamphlet form, and afford an admirable model for study by the various public bodies concerned with the urgent and important question of venereal diagnosis and treatment. Dr. Hope points out the necessity of early action to combat venereal diseases, and in simple language describes their dangers. After a clear description of the regulations drawn up by the Local Government Board, after the Royal Commission's report, he surveys the resources of Liverpool as a fighting force against the scourge. We welcome the co-operation of Prof. Glynn and Prof. Beattie in the work. The pathologist must work jointly with the health official and the therapeutist to ensure effective action. We note the recognition of the special danger of seaports as regards the spread of venereal disease. The appendix to Dr. Hope's report contains copies of forms of warning by the Liverpool Port Sanitary Authority to seamen found to be suffering from syphilis or gonorrhœa.

Hexamethylenamine Tetramine as a Fuel.

An interesting communication to one of the American journals deals with the discovery of the very practical use that the well-known drug, formerly termed urotropin, can be put to. Dr. Snow, of Los Angeles, has found that if anybody is in want at any time of a smokeless flame such as would be given by an alcohol lamp, ten grains of the drug will provide a very satisfactory substitute. For boiling small quantities of water such as a test-tube would contain, two five-grain tablets, which many practitioners carry with them, will give a good flame when ignited. The use of this happy discovery is quite obvious, as many are the occasions when a clean flame would save a great deal of trouble, and when a diagnosis could be clinched by the boiling of a specimen of urine, which under other circumstances would have to be done at home.

PERSONAL.

Dr. A. D. Courtney has been elected assistant master of the National Maternity Hospital, Dublin.

Sir William Whitla, M.D., of Belfast, has been appointed as Honorary Physician to the King in Ireland, in succession to the late Dr. James Little.

The honorary degree of LL.D. has been conferred by the University of Edinburgh on Mr. W. F. Massey, the Premier of New Zealand.

At a meeting of the Council of the Royal College of Surgeons of England, on January 11th, the thanks of the Council were given to Dr. Colin Mackenzie, of Melbourne, Australia, for presenting a collection of specimens relating to the anatomy and physiology of animals which are native to Australia.

Sir Frederick Borden, formerly Canadian Minister of Militia, who died at Toronto on January 6th, was a Nova Scotian, born in 1847. The son of a medical man, he adopted his father's profession, took his M.D. degree at Harvard, and began to practise in his native province in 1868. He became assistant surgeon to the 68th Battalion "King's County" (Militia) in 1869, and rose to the rank of surgeon lieutenant-colonel, and was in 1901 appointed hon. colonel of the Canadian Army Medical Corps. He first entered the Dominion Parliament in 1874 as member for King's County, N.S. He represented the same constituency until 1911, except during 1883-86. At the General Election of 1911 he was defeated, and then retired from politics.

Dr. Ernest W. White, Emeritus Professor of Psychological Medicine, King's College, London, has been appointed honorary consultant in mental diseases to the Western Command (Chester), with the temporary rank of Major, Royal Army Medical Corps.

Captain F. R. Shaw, M.B., R.A.M.C., who has been awarded the Military Cross, was frequently seen on both the cricket and football fields of York. He is a well-known amateur athlete, and carried everything before him at Trinity College, Dublin. In the Irish Championships he won the 100 and 220 yards trophies. He has also distinguished himself in Army events.

Major P. A. Lloyd Jones, D.S.O., who has died of wounds, was the son of Mr. E. Lloyd Jones, of Abbotshill, Malvern, formerly of Sale. He was educated at Manchester Grammar School, and studied medicine at Cambrdge and St. Bartholomew's. He volunteered for active service in the Yeomanry for the Boer War, and was among the troops who entered Pretoria with Lord Roberts. On his return he was made "an Honorary Member of the Borough" of Cambridge and presented with a silver goblet. He then entered the R.A.M.C. At the time of the Messina earthquake he happened to be stationed at Malta. He went across and rendered valuable service, for which he was decorated with the Italian Red Cross and made "Chevalier de la Couronne d'Italia." In the Balkan War he managed a cholera hospital near Constantinople, and was awarded a Turkish medal. He went out with the Expeditionary Force in August, 1914, was twice mentioned in despatches by Lord French, and won the D.S.O. His brother has been newly appointed Demonstrator in Physics to the Regius Professor at Cambridge.

Miss Isabella Mary Peploe-Smith, of Onslow Square, S.W., bequeathed £500 each to the Cancer Hospital, Brompton, and the Consumption Hospital, Brompton.

The Chelsea Hospital for Women has received from the trustees of the Zunz bequest £5,000, being the balance of the £10,000 promised by the trustees towards the rebuilding of the hospital.

FRENCH CLINICAL LECTURE

ON

THE CONTRA-INDICATIONS TO ANTI-TYPHOID VACCINATION.

By NOEL FIESSINGER, M.D.,

Surgeon to Ambulance No. 1-85 (France).

[SPECIALLY REPORTED FOR THIS JOURNAL.]

ANTI-TYPHOID vaccination has very properly been enforced for some months past among the troops at the front, practically every man having been dealt with, and to these energetic measures is to be attributed the stamping out of certain epidemics and the rarity of typhoid infection in spite of extremely unsanitary conditions, especially in respect of the supply of drinking water. We are now in a position to draw certain useful conclusions, and one of the most important concerns the contra-indications to vaccination. We must not vaccinate at random, the operation is not innocuous for everybody, and this accounts for the fact that grave disturbances have been met with, not in truth due to the method as such, but to its indiscriminate application. It is therefore all important to know *when NOT to vaccinate.*

In order to define the contra-indications it may be well to begin by describing the normal vaccinal reaction in some detail, then passing on to the accidents that may follow the operation.

The Vaccinal Reaction.—This is constant, at any rate as far as my observation goes; but it is a purely local reaction. It sets in about two hours after inoculation with slight pain, especially on pressure or movement of the vaccinated part. Four hours later the spot becomes swollen, the swelling persisting for about twenty-four hours, then slowly subsiding. The pain in the shoulder follows the same course, varying in severity, and possibly radiating into the other arm. This local reaction is of no particular importance, and calls for no treatment, though it is well, in the case of infantry soldiers, to dispense them from carrying a knapsack for three days.

The constitutional reactions are of greater interest; they are not constant, and in young robust subjects the four injections may be made without giving rise to the slightest reaction. At the same time, it would be a mistake to state that constitutional reactions are only met with in debile or out-of-health subjects, for they MAY occur in anyone. There can be no question of "suggestion," as is shown by the fact that subjects who display no reaction after the first inoculations say they have a sharp reaction on the third or fourth, just when least expected.

The minor constitutional reaction sets in three hours after vaccination. Some subjects complain of headache, others of general discomfort. The temperature runs up pretty rapidly to 102 or 103 deg. F., and the pulse to 100. There may be some sweating, with or without polyuria. The night is disturbed. On the morrow the patient aches all over, has no appetite, and looks fagged. The temperature is not above normal, but he feels indisposed for work. Sometimes there is diarrhœa; but, after all, headache is the commonest symptom. On the second day things have quieted down; at most there remains a slight feeling of tiredness.

In nervous subjects, however, we are apt to get intense depression or prostration, and in one case I noted giddiness, with anorexia lasting forty-eight hours.

This trifling reaction was pretty frequently met with in my own cases, say in the proportion of five or six out of ten. It is of no importance, and is no reason for interrupting the series of inoculations.

Of pronounced constitutional reactions my experience is very limited; indeed, I am inclined to think they are extremely rare. The symptomatology is very variable. There may be a rigour, with dyspnœa, restlessness, and a rise of temperature to 104 deg. F. during the first few hours, terminating suddenly with profuse sweating, and all that remains is marked lassitude of some days' duration. The appetite is usually lost, the pulse rapid, the tongue coated, and there may be some diarrhœa. The urinary secretion is diminished, and there may be some albuminuria. On the second day there is usually a slight improvement, but the subject remains more or less prostrated. This state lasts for from two to six days, and ends in perfect recovery or in a condition of prostration persisting for a week or two.

These reactions are assuredly due to a toxi-infection; in reality, they constitute a sort of typhoid fever in miniature.

It must not be supposed that a subject who reacted to the first inoculation will do so after the others. The vaccinal reaction is rather capricious, but, as a general rule, an inoculation following a sharp constitutional reaction stands a good chance of provoking only a mild reaction.

These constitutional reactions are, in truth, mere incidents when the process of toxi-infection is free from complications; but we are liable to meet with the latter when the external conditions are such as to diminish the resistance of the subjects, or when the selection of subjects has not been judiciously made. Only to refer to cases under my own observation, it is plain that there are several types of complications.

A certain company of a line regiment was vaccinated for the second time in the rear during a period of repose. On the following evening an alarm obliged them to go into the trenches of the second line, where they passed the night. It rained and was cold. On the following day some twenty of the vaccinated subjects had a rise of temperature to 102-3. Six of these came under my observation on the third day of fever, with the diagnosis of "febrile aching." The constitutional signs promptly yielded to quinine. I was struck by the extreme fatigue and persistent anorexia that followed. They all developed acute bronchitis of abnormal duration, lasting on an average about a fortnight, with a bad general state. Looking at these facts, and taking into consideration only the bronchitis occurring in vaccinated subjects, it is plain that we were not, strictly speaking, dealing with a complication of vaccination at all. The fact is that vaccination had temporarily depressed them, and so had rendered them more amenable to contract any casual infection, such as influenza, for example.

One subject had three injections of vaccine, and was admitted to my ambulance five days after the

third, when we witnessed a complete dothienteric syndrome. There being no facilities for bacteriological investigation, I am not in a position to assert the Eberthian nature of the infection, nor could it be shown to be dependent upon the vaccination; but, as the case occurred sporadically in a formation at rest, I wondered whether vaccination had not, in a measure, prepared the soil for a constitutional infection at a time when immunisation had not yet been obtained.

In one case benign catarrhal jaundice supervened after a second vaccination. My colleague, Dr. François, in one instance noted a meningeal state which lasted several weeks, closely resembling tuberculous meningitis. In both these cases the vaccinated subject was not robust.

Certain facts, however, struck me more particularly. I have seen latent pulmonary tuberculosis light up after vaccination. Three soldiers belonging to territorial regiments were sent to the rear with signs of subacute "bacillosis." The fever and bronchitis, hardly noticeable before the vaccination, became much more marked after. These subjects had previously had trouble in the apices of the lungs, which had become torpid or latent. The physical and functional signs proved that the recent outbreak was consequent upon vaccination.

In one single instance, a subject 27 years of age, who had been twice vaccinated a month previously, developed tuberculosis meningitis, to which he succumbed. A month before being vaccinated he had had an attack of pleurocongestion at the left base, of bacillary origin, as shown by examination of the opposite pleura.

It is only fair to add that these few instances are drawn from a very wide experience. It is difficult to express the incidence in figures, because, in an ambulance, we note the incidents without knowing the number of vaccinated subjects. In subjects vaccinated by me the proportion of such complications was infinitesimal, and my reason for mentioning the matter is to show the importance of making a careful selection of subjects suitable for vaccination.

To sum up, it may be stated that antityphoid vaccination, provoking, as it does, an attack of typhoid fever in miniature, may light up an acute or chronic infection previously latent. As far as my experience goes, no effect has been noted in respect of cardiac affections, cirrhosis, nephritis and organic affections in general. It is safer to assume that vaccination may aggravate the course of chronic affections of the kidneys (tuberculosis, albuminuria, etc.) and of the liver (chronic jaundice, cirrhosis, etc.).

In possession of these essential data bearing on the question, when vaccination is likely to prove dangerous, we are in a position to lay down the formal contra-indications, which may be divided into (1) external, (2) physiological, and (3) pathological.

External Contra-indications.—Vaccination should only be performed on men who are at rest, far enough removed from the front for them not to be liable to sudden alarms; no marching, no sentinel duty, no drill, but absolute rest for two days after vaccination. It follows that troops tired out by night marches or hard work as well as troops at or near the firing line ought only to be vaccinated when they go to the rear for repose. This precaution is strictly necessary.

Physiological Contra-indications.—Subjects above 40 years of age can certainly be vaccinated, but a careful selection must be made. The subjects must be robust, and not have an unduly high blood pressure. When in doubt it is better to hold one's hand. Below 40 we may, and indeed ought, to vaccinate, subject to this one reservation—viz., that over-wrought, tired, emaciated subjects, the exact nature of whose constitutional state we do not know, should be kept under observation for a time before being vaccinated.

Pathological Contra-indications.—All acute or chronic infections running their course, such as sore throat, bronchitis, etc. In case of doubt, wait. In chronic infections we must make a distinction. Malaria is not a contra-indication, nor is syphilis except during the primary and secondary stages. Subjects with old-standing syphilis can safely be vaccinated. It is very different with respect to tuberculosis. A history of cervical adenopathy or osseous tuberculosis is not, perhaps, an absolute contra-indication, but if there be even suspicion of dulness at the apex, with exaggeration of vocal fremitus and rough breath sounds, we must abstain. Fibrous phthisis, even if cured, is also a bar.

Careful examination is necessary; we must enquire carefully for a history of blood spitting, repeated attacks of bronchitis, loss of weight, old-standing pleurisy and so on. Note also whether fatigue causes a rise of temperature, and, if doubtful, abstain.

Chronic bronchitis and emphysema are only contra-indications when unduly pronounced.

Albuminuria is a contra-indication. Even in a healthy subject vaccination may cause polyuria and even albuminuria, so that there is evidently a tendency to renal congestion. Consequently we shall exempt all subjects whose renal parenchyma is not normal: chronic nephritis, renal tuberculosis, hæmaturia, etc. The same remark applies to glycosurics and diabetics.

We must be on the look out for signs of arterial sclerosis and non-compensated cardiac affections. We must not vaccinate subjects with hard flexuous arteries, with hypertension, nor subjects with a small, irregular pulse presenting signs of hyposystoly (enlarged heart, congestion of the bases, enlarged tended liver). It is unnecessary to counsel abstention in persons prone to angina pectoris and in chronic aortism.

The subjects of cirrhosis, with or without jaundice, of chronic icterus, and the subjects of gallstone are to be exempted. A previous attack of ordinary catarrhal jaundice is not as a rule a contra-indication.

There remain the numerous cases of gastro-intestinal dyspepsia, and here no doubt obtains: they should be vaccinated. Not only is vaccination not dangerous, but I have seen it cut short refractory diarrhœa. Chronic enteritis and appendicitis do not constitute a bar.

It is hardly necessary to refer to the subjects of organic nervous disease—tabes, hemiplegia, etc. The question answers itself, but, on the contrary, functional disturbances are no obstacle to vaccination.

Cachectic and emaciated subjects are exempted according to circumstances. Medical examinations will show the nature of their troubles.

Chronic inebriates with tremors should not be vaccinated. I had such a case in which vaccination determined an attack of delirium tremens.

There is one contra-indication, so to speak, acquired, *viz.*: the occurrence, after a previous inoculation, of a grave reaction, leaving behind it an unsatisfactory state of health. It is better to dispense with the subsequent inoculations.

Of these contra-indications some are not likely to be met with in military practice, *viz.*: cachexia, cirrhosis and cardiac affections.

To sum up then, the contra-indications are limited to acute infections, tuberculosis and albu-

minuria. In selecting subjects for vaccination, after 48 hours repose, we shall rely upon:

A summary interrogation,
The evening temperature,
Careful examination of the heart and lungs,
Urinary analysis

As will be seen, the preparation of the list of men to be vaccinated is a tedious, indeed onerous proceeding, and it is usually necessary to obtain the assistance of the medical staff of neighbouring ambulances or of civil hospitals.

Military experience of anti-typhoid vaccination with Vincent's vaccine shows that it exerts an unquestionable preventive influence, but requires to be applied with prudence and method. We must not vaccinate at random, and we must be careful how we proceed, especially as we now make, not two but four inoculations of 0.5cc., 1cc., 1.5cc. and 2cc. for the purpose of obtaining almost certain immunity.

ORIGINAL PAPERS.

BONESETTER'S WORK.

By HAYDN BROWN.

A MIGHTY world's war goes on making terrible havoc, devastating, taking life wholesale, wounding and permanently maiming, compelling a sorely-wrought and anxious people to seek the best means of restoration in every direction. Earnest claims are made in estimating the virtues and the disadvantages of this and that. Thus does great occasion afford opportunities for settling important questions, even some that have existed from time immemorial.

Certain powerful advocates of the laity have declared with enthusiastic and repeated emphasis that a great orthodox profession, now indeed being extra hard pressed and proved, stands guilty of serious shortcomings in skill before insistent protestations of unorthodoxy. The charge seems important enough to take particular notice of in all interests.

Survival of the bonesetter class of lay practitioner has been mainly due to two factors. In order of their importance, (*a*) the power of suggestion over disorder; (*b*) the power of great enthusiasm aroused in patients and friends regarding successes. One would expect bonesetters to be as extinct to-day as witches and barber blood-letters. But they thrive still. Their very existence provisionally charges the mass of medical men with ignoring plain facts and with neglect.

Bonesetters' successes—not albeit so much in the science and art of surgery—are publicly and sensationally proclaimed, while their failures are hardly ever heard of. Sufferers who are found incurable just pass out of the consulting room to say as little as possible, advisedly, after fees have been paid.

In most cases, even if more than one surgeon has been previously consulted, it has been the nerve-functional rather than the plain physical disorder that has baffled them in their failure to diagnose and to make good, the patient having gone home to think and wait, painfully disconsolate, until the bonesetter has been ultimately thought of. Under his impressive manipulation and a show of confidence that has carried everything before it, lo and behold, "You are all right now—now walk." The victim of surgical shortcoming has indeed walked, and another triumph has been added to the list.

What really happens in bonesetters' work? Much the same as happens in that still more pretentious and boldly conceived treatment, osteopathy. Much the same whether by means of gilded car and band in the market place or in well-appointed consulting room. In answering more fully perhaps I may be pardoned for going back to the object lessons of days of youth, when I knew personally a well-known local celebrity of the name of Br-m-f-ld, who was such a power as a bonesetter that my grandfather—a general practitioner of some provincial standing—seemed almost obliged to treat him with respect. It was no use opposing this practitioner; indeed, it would have been foolish to do so, for he had a large following, having succeeded his father, who had practised before him, and had established a reputation for being in certain ways even "cleverer than any doctor." He sold quantities of oils and strong smelling embrocations, and could make a living on these alone. He knew next to nothing of anatomy. He possessed some old books, and bones were scattered about his house. But he was handy in examining limbs, and made a great fuss which impressed people. He also hurt every patient, and so impressively did he produce pains that his victims seemed to be quite satisfied that this feature of the treatment was proof positive good and satisfying in character. Generally in the best cases of cure some sort of snap or strange noise was heard by the patient, on the reduction even of a supposed slight dislocation. There is very little difference between the bonesetter of the time of our grandfathers and of to-day. The latter may have more knowledge of anatomy and physiology—so much the easier to obtain—but the methods and proportional results are to all intents and purposes the same.

In order to gain easier comprehension we had better examine the classes of patients who consult bonesetters. They are drawn chiefly from the following types:—

(*a*) Those who have received real injury and have been properly treated by orthodox surgeons, but who still complain of pain or disability which the sufferers think ought to have gone, and for which they are not inclined to again visit the incredulous surgeons.

(*b*) Those who *have thought* they have received *great* injury, when not so much was found by the surgeons—who have justifiably made light of the condition—the patients having been dissatisfied and anxious to go elsewhere, unimpressed by orthodoxy.

(*c*) Those who have merely been bruised and who are nervous, and have developed obsessional or hysterical distress.

(*d*) Those who have been really injured and who have developed obsessions as complications, the surgeons having cured the physical condition, but either not understanding or not feeling equal to the complicating nervous state they may have so far recognised is there.

(*e*) Those who have had some particular reason for continuing to worry even after a surgeon had really cured, and who have gone on complaining until surgeons were sick of them. A bonesetter has then been recommended by friends, whom the patients could not well refuse to consult (perhaps years after the accident).

(*f*) Those who have not been satisfied with the

surgeon's work on account of deformity consequent on the kind of accident, not on the surgeon's lack of skill, and have been annoyed with the surgeons, who have originally worked under difficulties and conditions which a later bonesetter would not be subject to.

(*g*) Those who have been timid of firm orthodoxy, and who have always preferred to go to a chemist "for a bottle" rather than place themselves "under" anyone in this world. Such have been less afraid of a bonesetter than a doctor.

(*h*) Those who have been inclined to go "agin' the government" in many matters, including vaccination, who have felt superior to such as believed in butcher's meat, hats, or possibly the Church of England.

(*i*) Quite a number who have developed a mania for consulting somebody about something, keeping up a show of one pain or another for the purpose, rheumatic or sciatic, at length having been finally persuaded and stopped by the more convincing suggestions of the bonesetter, past which they were just happy and contented enough not to go.

Working amongst such as these the bonesetter has really a very nice time of it. His very best, most aristocratic, and good advertising cures are amongst those who are not content to be well when the best has been done, who want a lot more and are going to have it. The bonesetter begins by being surprised at the mistakes that have been made by others, and he searches for "the real trouble," which may even be quite a "small bone" that is wrong. He may hurt, as did the operators of old, or be more up-to-date and have an anæsthetic administered. There may be careful bindings up and much good acting. The chief thing is the fuss, which impresses and unlocks obsessions by force of persuasion and insistent will. By the help of cheering, surprising, convincing, congratulating and compelling moods, skilfully brought to bear in turn, very often "quite marvellous" results are obtained.

In fact, bonesetters and osteopaths are masters in their way of treatment by simple suggestion; the latter seem to be the more advanced in this art, because their manipulations are much more rarely directed against specific result of accident; they are often clever enough to diagnose injury even when no history of accident has ever been given. Displacements and deformities may be found which cannot in any way be accounted for, and need not be accounted for so long as the new treatment can be given credit for putting everything right. Manipulations after the style of massaging also help to make suggestions impressive; the whole thing strikes deeper, in mind and body, once "a very interesting condition" can be discovered, and more particularly when orthodoxy is scathingly denounced at the same time.

As to snapping noises when adhesions are said to be broken or joints reduced, evidence exists that in some instances these have been made by the bonesetter himself, on purpose to impress the patient; at other times they have been imagined entirely by patients, of the neurotically impressionable kind, such as those more apt to believe in ghosts than others—who have honestly thought they heard even when the bonesetter had *made no noise* but had merely said: "There, you heard that!" eliciting the reply, "Yes, I did; I heard something. Was that it?"

The following is a kind of case which the bonesetter likes to get hold of, as being after his own heart, taken from the daily press:—

"A South London tailor, who as a result of paralysis had been dumb for five months, and had been unable to walk for four, was carried into the West End Hospital for Diseases of the Nervous System. The doctors applied an electric current, and the result was instantaneous. The man got up, thanked the staff, and walked out apparently completely cured."

A medical man commented on the above to a press representative, thus:—

"There are thousands of people suffering from illnesses that are disturbances of the harmony between the mind and the body rather than actual diseases. . . . These are likely to recover under circumstances that will restore the harmony that has been lost, such as by electric shock, or strong mental influence brought to bear perhaps by suggestion from a strong personality, or by stimulation of the mind through religious faith."

Medical men are commonly under the impression that bonesetters make almost their entire living by breaking down adhesions, and, to satisfy such, a book has been written by two surgeons, entitled "Bone-setting and the Treatment of Painful Joints." The work is admirable in contentions and conclusions, so far as these go; but I should imagine that its authors would also allow that in many instances of adhesions the nervous factor had largely contributed, for the very fear of using a limb after injury, and the rigidity or atrophy of muscles thus set up, would encourage adhesions more than anything one could imagine. Hence the likelihood of bonesetters getting neurotic subjects in the vast majority of cases. If a joint should require a little forcing in order to break down some real adhesions, then the real snap heard, the pain, and the impressive demonstrations of the lay practitioner would all serve to make the cure a most striking and sensational one.

The lesson is, that neither the suggestion, treatment of the bonesetter, nor the over-estimation of any work he does are desirable. If old-fashioned bonesetter heterodoxy is to be subject to the extinction it deserves, orthodox surgeons should in future pay greater attention to the mental complications and attitudes of patients. Surgeons so shortcoming as to have approved of the work of bonesetters—as some are reported to have done—should in future pay more regard to the nervous system, and advise accordingly, not as bonesetters do, by means which so often act by hoodwinking the patient, but by scientific adjustment and reasoning which appeals to, and obtains, clear understanding. On the other hand, patients and their friends should realise that disabilities following the good work of surgeons are not always so serious as they imagine, being due in many instances to a strained or disordered nervous system, oftener than not inherited.

In endeavouring to arrive at a right judgment the general public would do well to bear further in mind that neither the innumerable great successes nor the failures of individual orthodox surgeons are written up in the lay press; on the contrary, the favourable work of bonesetters is made much of; it therefore arouses great interest, while sufferers dare not contribute instances of failure for fear of actions for libel resulting in further confirmation of the time honoured maxim; "the greater the truth the greater the libel.

I find, moreover, that bonesetters of to-day have become wise enough to choose their cases so that success is all the more likely to be certain; after some years of practice they can pick out neurotic cases with considerable accuracy. Displacement of a semi-lunar cartilage of the knee joint is now offering good chances to bonesetters, whose friends claim that their success is due to their profounder knowledge of anatomy and to cleverer manipulation into position of the cartilage. I am of opinion, however, that a better explanation is that the nervous sensitiveness and spasmodic condition of the parts offers ideal opportunity to the merely steadying influence of impressive manipulation. under an anæsthetic or not, as the case may be. I challenge them with the firm belief that auto-suggested general self-confidence, together with improved tone and stability of the muscles and ligaments concerned in the disorder, which hetero-suggestion of the operator is able to produce in the patient, accounts for everything in most of these cases.

THE CARE OF DIGESTION.*

By MAX EINHORN, M.D.,

Professor of Medicine at the New York Post-graduate Medical School.

DIGESTION deals with the processes of food ingestion, assimilation, and ultimate waste elimination. Health and life are dependent upon the harmonious working of the digestive apparatus. Its disturbed function creates disease; its interruption for a longer time carries death with it.

It appears worth while to consider here some of the points which serve to keep the digestion in good shape, in order thereby to preserve health.

For this purpose we may divide our subject matter into the following items: (1) Food intake; quantity required in growth, manhood, old age; (2) State of the body for this act; (3) Period of assimilation; (4) The final act of waste elimination (defæcation).

The quantity of food required is very definite and is greater in the period of development and manhood than in middle age or old age. During the time of growth a large quantity of the nourishment is utilised for the upbuilding of the body. In manhood the greatest activity is manifested, and this again requires additional nutritive material. In middle and advanced age the activities are gradually reduced and the food requirements are accordingly lessened. With the beginning of middle age there is often a tendency to corpulence; for occasionally at this period with the reduction of work there is no decrease in the quantity of food intake. The surplus of nutritive material is then stored up in the body in the form of fat.

The diet should be watched and arranged somewhat differently for these different periods of life.

In most instances in health our instinct guides us correctly and the appetite is a sufficient monitor to go by. Transgressions may, however, occur in both directions by faulty habits (over-eating on the one hand and too scanty nutrition on the other). Thus opulence and high living give rise to an over-abundance of the food intake, while poverty and avarice in the parent's house or in the boarding establishment may lead to subnutrition. Both hypernutrition and subnutrition practised for a longer time may become established as a habit—*i.e.*, the appetite here becomes deranged and is no more a fit guide for the best purposes of the organism.

In order to look for good health we must guard against either of these faults.

How shall we know whether we eat just right? The quantity of food physiologically required is known, and for the physician it is a simple matter to make a computation and to state whether somebody eats enough, too much, or too little.

The layman, however, can likewise easily find the right measure. First, his appetite may be used as a guide; second, everybody should eat about as much and as often as his neighbours and associates; third, everybody can see whether his body and strength are in good condition. If everything is harmonious and goes on smoothly, this alone is sufficient. If not the scale may be utilised, and weighing yourself once a week or so will soon show whether there be too much or too little food taken.

What kinds of foods should be taken? Here, again, the answer is: look at your neighbours, do the same, and you will not go wrong.

The following rules may, however, be given in a general way. Arrange for a great variety of food, which should embrace most nutritive substances easily digestible and also difficult of digestion. To select a diet in health consisting merely of easily assimilable foods would be a great mistake, as it would serve to decrease the efficiency of our digestive apparatus.

Eating being one of the most important functions of the organism should not be done haphazard, but performed with care. A moderate amount of work preceding the meal increases the appetite and enhances the digestive function.

A few more rules regarding diet in health may here be added. There is a tendency in this country toward eating too much meat, which often leads to constitutional disturbances. Some people here take meat regularly at each meal. As a rule meat should be partaken of once or twice daily in quantities of about one-quarter of a pound for an adult, but not much above this. Plenty of vegetables should be served with it. Bread and butter, fruits, and salads should be used liberally. Water should be taken with each meal, and if thirst be present also in between. Its importance cannot be too much appreciated.

Water itself is one of the principal ingredients of the organism. It contains, besides, in small quantities, mineral salts of different kinds which are utilised in the body economy. Food digestion, assimilation, and elimination require for these processes water as an intermediary, without which life is impossible. Fresh cool spring water at meal time increases the appetite and augments the pleasure of eating.

Too great fatigue destroys the appetite and banishes the joy of eating. The latter is then done mechanically, almost with disgust, and the process of digestion is thus disturbed right from the start. During meal time rest of the mind and body is essential. A comfortable seat, a nicely set table, pleasant company, wholesome food and drink (fresh spring water) are important factors in increasing the worth of the meal. General conversation not requiring much concentration of mind is rather useful. Direct business talk should be avoided. The meal should be ingested leisurely and time given to the enjoyment of the different courses (food articles). The eating should be performed neither too quickly nor too slowly. Both deviations lead to manifold digestive disturbances. A short period of rest fol-

New York Medical Journal, November 18th, 1916.

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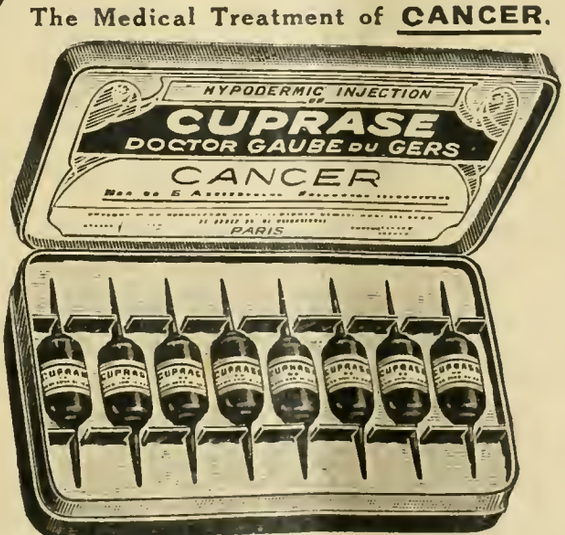

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lowing the meal is advantageous. A mild cigar and pleasant conversation contribute toward the enjoyment of this after-table act.

The real act of digestion begins after the ingestion of food. The alimentary canal may be likened to a factory in which all material brought in is sorted and changed in such a manner that it can enter the circulation and by means of that stream of communication reach all the body tissues.

Assimilation of Food.—Unfit substances or the remnants of food which cannot be utilised any more are carried along the digestive canal to be eliminated at the end. The tissues of the body likewise throw off dead or waste material. They accomplish this through the eliminative systems (lungs, kidneys, skin, and alimentary tract, including the liver) reached by all the tissues through the blood stream. The digestive canal is thus one of the principal avenues for the traffic also of waste products of the body itself.

The assimilation is greatly favoured by keeping the body in good trim. For this the organism must be in a state of contentment, which can be reached by satisfactory mental and bodily work. Every occupation should be performed with a good will and pleasure, and should not be carried on to overfatigue and annoyance. Thus assimilation will be helped and good health made possible. Plenty of fresh air and a certain amount of muscular exercise (walking, horseback riding, rowing, gymnastics) are of importance. In the same way after the working hours rest and a sufficient amount of sleep (eight hours daily) are essential for good digestion and perfect health. Both exercise and rest, properly apportioned, enhance assimilation as well as elimination.

The final act of digestion consists in the expulsion of all the remaining unutilisable food substances and some waste products from the alimentary tract (defæcation). This usually occurs once daily in normal individuals. Regular attendance to this natural event is likewise important for the well-being of the organism. With regard to this act the call of nature should be obeyed at the right time. Frequent neglect to perform this duty as well as too much devotion to it lead to irregularities of the bowel and ultimately to ill-health. In health the best principle is to let things take their natural course. Too much interference with it often leads to abnormal conditions and disease.

To sum up, the care of good digestion embraces the following items: simple life, in which work and rest for mind and body are harmoniously divided; regularity of meals, frugality, great diversity of wholesome foods taken, in just the right proportion; an abundance of water; proper attention to the call of nature. Good digestion is also the best promoter of good health and a long life. There is no elixir of youth for old age, or a rejuvenation remedy. In keeping our organism, however, in good trim, in looking out for its steady and harmonious activity, we succeed in delaying and perhaps also shortening the advancing stage of invalidism and the dissolution period, with death at its end.

Life is not complete without death. The latter is a natural event at some time for each living being, and its advent should not be begrudged.

MR. JOHN SLOUGHGROVE, of Maldon, Essex, and 12 Hanover Square, W., bequeathed £150 to the Essex County Hospital; £200 each to the Royal London Ophthalmic Hospital and the Reedham Asylum for Fatherless Children; and £250 each to the London Hospital and the Eastern Counties Asylum for Idiots.

WILLIAM WOODVILLE.

By GEORGE M. FOY, M.D., F.R.C.S.I.

WILLIAM WOODVILLE merits a place among the galaxy of brilliant medical writers who flourished in the two latter decades of the eighteenth century. He was born in 1752, at Cockermouth, that little Cumberland town where Mary Stuart was imprisoned and Wordsworth was born. Whilst still a boy at school he was apprenticed to the local apothecary, who, after the manner of his day, collected his own herbs, made his own extracts, confections and liquid preparations, tinctures, decoctions, and infusions. During the period of his apprenticeship the whole medical world was concerned in the progress of inoculation as a prophylactic against small-pox. Thirty years had passed since Lady Mary Wortley Montague's son was successfully inoculated at Adrianople, and the whole nation had come to look upon the prophylactic method as the sure and only remedy against that most horrible of epidemic diseases. In 1722 two members of the Royal family were successfully inoculated, when Dr. Mead advocated and practised the operation; and in 1768 the Czarina, Catherine II., submitted herself to the specific vaccine at the hands of Dr. Dimsdale, who had been specially summoned by her from England for that purpose. All through life these early surroundings influenced Woodville, as we shall see later on. Leaving Cockermouth, he went for his medical education to Edinburgh, where he took the degree of Doctor of Medicine September 12th, 1775, his thesis being entitled "De Causis Irritabilitatem Fibrarium Mortricium Augentibus." He commenced practice at Papcastle, a small village near Maryport, in his native county, but shortly removed to Denbigh, North Wales, where he remained a few years only. In 1782, Dr. Woodville settled in London, and was admitted a Licentiate of the College of Physicians, August 9th, 1784, and a few years later was elected a Fellow, and about the same time a like honour was conferred on him by the Linnæan Society. Prior to commencing practice, he made a tour of the principal Continental medical schools, and there gave evidence of the influence his early training had on him by his study of botany and the medicinal properties of the vegetable kingdom, and probably made the acquaintance of Carl Linnæus, who was then engaged in publishing his father's works, the first edition of whose "Species Plantarum" appeared in 1753, which seems to have been diligently studied by Woodville, who frequently quotes it, and ever with approval.

In 1790 he published his great work, "Medical Botany, containing Systemic and General Description, with Plates, of all the Medicinal Plants, Indigenous and Exotic, comprehended in the Catalogues of the Materia Medica, as published by the Royal Colleges of Physicians of London and Edinburgh; Accompanied with a Circumstantial Detail of their Medicinal Effects, and of the Diseases in which they have been most successfully employed." This splendid work was published in three volumes by the author, the printing being done by James Phillips, George Yard, Lombard Street, London. The first volume, which contains close on 200 quarto pages, is dedicated to Sir George Barker, Bart., President, the Fellows and the Licentiates of the Royal College of Physicians of London; with their permission. The second volume is dedicated to James Edward Smith, M.D., F.R.S., President of the Linnæan Society, and Possessor of the Linnæan Collection, by a short letter telling his patron that "Not only Friendship and Gratitude, but Propriety, induce me to dedicate this volume to you,"

etc. It is dated from Pentonville, an address that in February, 1792, was more respected than in modern days. The third volume is dedicated to the President of the Royal College of Physicians, Edinburgh, and is dated 1793; and in the following year he published "A Supplement to Medical Botany." A critic in a very valuable work which fifty or sixty years ago was much read, and is still often consulted, in noticing this Botany thus describes it: "This work is imperfect both in the drawings and description of plants, but it was a valuable work at the time it was published." The meticulous examination to which he submitted the four volumes of this still very valuable work blurred the critic's perspective, and a false picture resulted. Woodville, a man of his day, modelled his book on Gerhardt's Herbal; but produced a book infinitely superior to its prototype, both in letterpress and illustrations. The latter, exquisitely coloured and drawn with scientific accuracy, are unsurpassed in medical literature. It is not claimed for the work that it is absolutely perfect. He adopted the Linnæan classification because it was universally adopted at that time; and his illustrations bring out the characteristics of the herbs and plants according to that system, which are principally those of the leaves and stem. Woodville's express design was to enable the student to distinguish with precision all those plants which found a place in the Pharmacopœia. It may be said he should have adopted the natural classification, or at least referred to it, as the "Methodus Plantarum Nova" of John Ray was published in 1682, a little more than a hundred years earlier than Woodville's Botany. Ray's book had, however, very palpable traces of haste in it, probably caused by the death of his collaborator, Willoughby, and in some parts seemed to have been largely indebted to Joachim Jung; and his system of classification differed little from Casper Bauchin's. We had to wait for Laurent Antoine Jussieu's "Exposition d'un Nouvel Ordre de Plantes, adopte dans les Demonstrations du Jardin Royle," 1774, for a satisfactory natural order of plants. And even this great work was improved upon by Augustus Pyrame De Candolle's "Regni Vegetabilis, Systema Naturale," in 1821. "The Medical Botany" has one great charm—an old-world, gossiping narrative of medicine at the end of the eighteenth century, and it is a landmark from which we estimate progress; and it is more than usually valuable as preceding the brilliant discoveries of Priestley and his fellows in chemistry, and the isolation of alkaloids by Pelletier Caventou. On the completion of the monthly numbers of the Botany which ended the third volume, Woodville resumed his task, and produced a supplement of over 170 pages, which "includes a general arrangement according to the Natural Orders"; and finally he produced a fourth volume, in which he embodied, with full acknowledgment, Lettsom's "Natural History of the Tea Tree." The emphasis he places on the description being Lettsom's shows that it was not wholly satisfactory to himself; yet it is counted to him as a fault. To a certain extent it is so; but in his article on Foxglove he admitted Withering's crushing reply to Lettsom's criticisms on the use of the plant in the way recommended; and the admission of the article on Tea was included to mollify the wrath of one of the most influential medical authorities of the day. The final volume contains numerous coloured illustrations drawn from museum specimens, for many of which he was indebted to his friend Sir Joseph Banks, and in some places they tell of a falling off in the care that marked his earlier work; the fact being that at this time his energies were spent on the question of Vaccination *versus* Inoculation. As Physician to the Small-pox and Vaccination Hospitals, he felt it was incumbent on him to submit these methods of prophylaxis to the test. Inoculation from arm to arm had, in his practice, been very successful; withal he recognised the risk of infection being more than probable by transmission from the inoculated, and he sought a more suitable remedy in vaccination. Jenner responded readily to his appeal; but unfortunately sent vaccine much attenuated, which not only did not possess prophylactic powers, but, in the unwholesome surroundings in which it was used, the vaccination sores took on septic infection; and so Woodville for a time was an unbeliever; but he finally eliminated the sources of error, and quickly became one of the most ardent advocates of the great discovery. In 1805 he suffered from a recrudescence of a chronic pulmonary disease, and was at his own request removed to hospital, where he died on March 20th, 1805, in the 58th year of his age. His "Reports of a Series of Inoculations for the Variolæ Vaccinæ or Cowpox: With Remarks on the Disease considered as a substitute for Small-pox," 8vo., was published in 1799, and was followed by his *credo*, "Observations on the Cow-pox," 8vo., in 1800.

A student throughout his whole life; a diligent searcher for truth; unselfish in his labours; he did a great work in giving to the succeeding ages a faithful picture of the state of therapeutics of the period; and also by his comparison of the relative value of inoculation and vaccination he enormously strengthened the hands of the reformers of his day, by successfully combating the prejudice in favour of inoculation.

CORRESPONDENCE.

LETTERS TO THE EDITOR.

[We do not hold ourselves responsible for the opinions expressed by our Correspondents.]

MANIPULATIVE SURGERY.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

DEAR SIR,—My attention has been drawn to the discussion in your paper upon "Manipulative Surgery." Dr. Barling mentions me as having learned the methods of "bonesetting" from the late Dr. Wharton Hood, who in 1871 first described the technique. With regard to the attitude of our profession towards "bonesetting," medical men are too apt to consider that a joint only needs manipulation when ankylosis is marked, and are too content to leave cases of slight impairment for time or the ministrations of a masseur to cure.

Few of the profession have troubled to acquaint themselves with even the broad principles of brisement force as laid down by Dr. Wharton Hood, Sir W. Bennett and other surgeons who have written on this line of work, with the result that should such treatment be attempted by them they are liable to do either too little or more commonly too much. With reference to the permanent cures wrought by Barker in cases of displaced cartilages, they are perfectly genuine, except with regard to the diagnosis.

I have manipulated many such cases with equally good results where surgical interference had been considered the only remedy.

The condition is due to a nipping of a fold or hypertrophied fringe of synovial membrane between the articular surfaces, and clinically is closely allied to the genuine displaced cartilage. Sir William Bennett found this condition existing in a certain

number of cases where he had opened the joint for the removal of a damaged cartilage. In the cases quoted by him it was obvious nothing but open operation would have effected a cure. I am convinced that these milder cases of pain and disability where cure has been permanently effected by manipulation are of the same nature.

The movements employed for this purpose are very similar to those used for the reduction of the cartilage, and have been mentioned by me in a small book published last year by Heinemann and Co., in which in addition to describing the various movements and grips, I point out the reason of the modern bonesetters' popularity. Carefully carried out treatment by manipulation will be found a great asset to any medical man.

I am, Sir, yours truly,

FRANK ROMER.

11, Seymour Street, Portman Square, W.,
January 13th, 1917.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—Dr. Barling's comments on my case, which I reported last week, confirm the accuracy of Mr. Barker's diagnosis and the success of his treatment. Mr. Barker told my patient that the trouble was due to adhesions, which, if broken down, would give no further trouble. In my original letter Mr. Barling will see that I considered the question of breaking down these adhesions, but as the manipulation seemed to me to involve the application of a plaster case subsequently, for a period of at least a month, in justice to my patient I thought it well that he should seek Mr. Barker's advice.

So far, then, Mr. Barker's diagnosis and treatment are approved of by the orthodox Dr. Barling.

I have since heard that my patient had previously consulted an eminent orthopædic surgeon, who was even more pessimistic as to the result of treatment than myself.

Now, for my own part, I admit that I am ignorant of such manipulations as may be required to correct in such a short time an advanced case of flat foot. I have never seen them practised or heard them described, and it would have been highly "experimental" for me to have attempted them. And this is just Mr. Barker's point—that many surgeons do not know of these manipulative methods.

With regard to your correspondent's (R.R.C.S. Eng.) comments of the operative treatment of loose cartilage, I cordially agree with them, and on another occasion I shall have more to say on the subject.

I am, Sir, yours truly,

F.R.C.S.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—Allow me a word of rejoinder to Dr. Barling. I fear I cannot reciprocate his congratulations on my candour. If his skill in manipulative surgery equals his power of manipulating quotations, he is secure of success.

The detached cartilage in my wife's case was treated by massage and manipulation without waiting a long time, and these—Dr. Barling's recommended methods—failed; Mr. Barker's succeeded.

In the second case, I daresay no "old house surgeon" was consulted, but the patient was treated by house and consulting surgeons, including an eminent professor of surgery, at a well-equipped hospital for nine months, was repeatedly examined by civil and military doctors, and was then invalided out of the Army as unfit for further military service. Mr. Barker has put the patient right.

Is it not in the country's interests, particularly in time of war, that a man who effects such cures should be encouraged. Are we to be left to evasiveness and blindness to facts which mark Dr. Barling's letters?

I am, Sir, yours truly,

W. ROSS.

87 St. Giles Street,
Northampton.
January 14th, 1917.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—I am convinced I recognise the "Captain H.," of "F.R.C.S.," in your last issue; also the identity of "F.R.C.S." During my ministry, some years ago, I knew the former as one of those rather disturbing people who never *would* get well by any orthodox methods, yet always sending for their doctor expecting some good, and always pleasant and forgiving one's shortcomings—pulling our legs, yet realising our good intentions! Then he had metatorsalgia, without any deformity, and gouty glycosuria, which I connected with the pain. I am inclined to wonder whether some improved general condition, dependent on the war—and we all know how that is improving our manhood in many cases—has not something to do with his cure.

But apart from "Captain H," what an anomalous state of things is present with regard to the position of qualified surgeons and the so-called bone-setters! It is pretty obvious that the public ought to be looked after by State qualified men, whatever examination is recognised, and we expect specialists to know all that can be known in their own speciality. But apparently no State qualified specialist can be depended upon so much as upon the Mr. Barker of your correspondence. I know other surgeons than "F.R.C.S." who send him patients, and there must be more than one anæsthetist who is "guilty of infamous conduct in a professional sense," by aiding him to "manipulate." I understand that Mr. Barker has offered to give a demonstration. If the so-called "big men" refuse, the general practitioners might be offered to accept a demonstration at the various county hospitals, although, from a business point of view, I do not see why Mr. Barker should "give away" his knowledge, unless, of course, wealth has made him altruistic!

I know of several cases simply shouting to be cured by him, but afraid of annoying the R.A.M.C. men, whom they like, or fear. There is no doubt, in my mind, that the bone-setter fails often and has his tragedies, but that they are counterbalanced by our stiff joints and chronic inefficiencies I also do not doubt. The difficulty that frequently occurs is about cases in the first instance. It is all very well to criticise our treatment subsequently, but I often wonder what the "bonesetter" would do in the first instance when he is called to an ordinary fractured shaft of any long bone or a T-shaped fracture into a joint. I am accustomed to protect myself when called to a well-to-do patient by saying, "It is possible you won't be satisfied with my result, or even after consultation with any well-known surgeon, and you will criticise me when one of the bone-setters puts you right. Therefore, why not have him down to see you *now?*" Similarly with the various strains of back or muscles elsewhere. The professional football players frequently do consult a bone-setter straight off, but the ordinary private patient doesn't. I think he should. The unfortunate G.P. rarely comes out well with his fractures in people who really matter.

The bone-setter of Mr. Barker's class, nowadays, don't worry and annoy us by talking the rot of a

"small bone out of place," but do something, Heaven knows what, and are very apt to score heavily. Can't *we* learn how to do it? The "big" man scoffs and the G.P. *knows!*

Signing myself anonymously for obvious reasons,

I am, Sir, yours truly,

G.P.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—Perhaps you will kindly allow me to add my testimony to the above to the interesting letters you have been recently publishing.

Over forty years ago I turned sharply to the left without lifting my left foot, and dislocated the inner semilunar cartilage of my left knee. I went to some of the ablest orthopædic surgeons of that day. One told me if it came further out I was to remain where I was, and he would come and remove it. Another advised me to wear a spring appliance to keep it partly in place. At last I was persuaded to go and see Mr. Hutton. He at once told me what was the matter, and said he could put it all right, but would not guarantee that it would not slip again. He took my foot between his legs, pressed the joint inwards, then rapidly flexed the leg, at the same time pressing the cartilage into its place. I was at once relieved, and it has never slipped since.

Some years afterwards I suddenly swerved to the left without turning on my right heel. I suffered a good deal of pain, I could scarcely bend my knee, but had to get about as usual to see my patients. I consulted several eminent surgeons, and among them Sir James Paget. I had Scott's bandage applied, wore a splint to keep the joint from moving, and was, of course, dead lame. After nine weeks of pain and discomfort, I went again to Mr. Hutton. He placed my legs together, and pointed out to me that the right tibia was slightly turned outwards. He told me he could put it right, but as there was a good deal of adhesion it would give me pain. He took my leg as before, and, shaking it, I judge to overcome any resistance on my part, he gave it a violent wrench inwards. I think he had two tries before he succeeded. It gave me an awful pain, but I walked out of his room without the splint and able to bend my knee, and after a few days was quite well and had no more trouble with it.

A connection of mine, a tall, powerful man, when playing golf, missing the swing of a long drive, wrenched his spine somewhere above the lower lumbar vertebræ. After being in pain for some weeks, he went to Mr. Hutton. He first of all placed him on his back, and, flexing his thigh on to the abdomen, tried to use it as a lever to replace the pelvis, which he said had got displaced. In this he did not succeed. He then stood him up, made him bend forward, then, placing his left hand on his chest and his right on the part where the injury was, he forcibly bent him back (Hutton was a very strong man), and somehow or other set him right and cured him. On another occasion I saw him put an infant's head straight that was twisted right round towards its shoulder. This was done under an anæsthetic, and although it looked as if he would wring the child's neck, he fortunately did not.

I trust these few facts may interest your readers.

I am, Sir, yours truly,

HEYWOOD SMITH, M.D.

The Military Hospital,
Chichester.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—Dr. Barling, in his rejoinder, says that I object to his request for details. I do not. What I affirmed in my letter (p. 585) was that it was not the absence of details in cases reported by members of the Faculty as capable of describing them as Dr. Barling himself, as he would probably admit, but the presence of an invincible prejudice which prevented him from doing justice to Mr. Barker's skill and knowledge. Again I say unhesitatingly that of Mr. Barker's methods Dr. Barling "probably knows nothing at all." It may not be "good taste" to say so, but it is probably the simple truth. And the proof is that if Dr. Barling knew Mr. Barker's methods he could do Mr. Barker's special work, and the Park Lane "bonesetter" would find his occupation gone! Meanwhile a stream of disabled men and women, of all ranks, flow into his rooms —"the failures of the Faculty" resorting to Mr. Barker in their despair. How does Dr. Barling account for that fact? Other members of the Faculty—for example, two in your current issue of the MEDICAL PRESS, viz., Dr. W. Ross and "F.R.C.S."—frankly recognise and openly confess that Mr. Barker "can do something no medical man can do." I affirm that of Mr. Barker, for, as "Sinapis" said recently, the issue was narrowed down "to the rather fine point of the success and skill of one particular exponent of osteopathy or bonesetting."

Further, Dr. Barling bids me address myself to the proposition he states—viz., "Can bonesetters do something no medical man can do?" Well, "staring *him* in the face" are the plain statements of Dr. Herbert Terry (p. 563) and Dr. W. Ross (p. 13) in your current issue. What has he to say to those gentlemen? Does the multiplication of details given by those two members of the Faculty affect his opinion of Mr. Barker or alter his view of the value of the methods he employs? I shall be agreeably surprised if Dr. Barling accepts their detailed evidence. What these two gentlemen affirm—and Dr. Terry speaks with knowledge of Mr. Barker's methods, having seen them in actual operation—scores of other members of the Faculty, to my knowledge, are prepared to support. They all agree that Mr. Barker *can* do what no medical man can do, and does this daily with conspicuous success.

Sir Arbuthnot Lane, F.R.C.S., knew what he was affirming when he said: "The bonesetter has profited by the inexperience of the profession and by the tendency which exists among its members of adhering blindly to creeds whose only claim to consideration is their antiquity. . . . The bonesetter flourishes because the surgeon is deficient in a certain knowledge." Mr. Steward, an eminent surgeon, has put it on record that "the failure of the medical profession was due to a lack of study of the conditions present and of the methods of the bonesetter."

Instead of troubling himself about my "split infinitives," let Dr. Barling address himself to explaining the confessions of his confrères, or, what will probably prove the easier task, the explaining of them away.

I am, Sir, yours truly,

W. LLEW WILLIAMS.

8 St. George's Mansions,
Bessborough Gardens, S.W.
January 4th, 1917.

ABSORPTION THROUGH THE SKIN.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—Your correspondent "Puzzled" asks for further information on the statement in my Presidential address before the London Dermatological

Society, that "the normal unbroken skin is absolutely non-absorbent," etc., as he reads in another part of your journal that H. M. Ministry of Munitions reports that several cases of D.N.B. poisoning have occurred through absorption of this body through the skin, both of which communications have appeared in your columns.

Reference was also made by another correspondent to Dr. Leonard Williams's article on "Common Aids," which appeared in *The Practitioner*, in which considerable space was very properly devoted to the excretory value of the sweat, and then he proceeded to quote from Luciani, who "proved definitely that when the epidermis is intact it lets through neither water nor substances dissolved in it, provided these have really no chemical action on the epidermis." Afterwards he proceeded to state that "under certain circumstances certain substances may be absorbed by the skin." He cannot have it both ways. The skin is either an excretory or an absorbent structure; the former is easily proved, the latter an old-fashioned myth. We meet with many cases of trade dermatites, occurring in French polishers, bakers, grocers, munition workers, etc.; but my point is that absorption of any substance only occurs after a dermatitis has been set up, which is accompanied by desquamation and removal of the non-absorbent protective cell layers of the skin, and so exposing the vascular papillæ, and that as long as the epidermis is intact absorption, as such, does not take place.

Fuller particulars of this interesting subject will be found in my book on "The Treatment of Diseases of the Skin," published by Messrs. E. Arnold.

I am, Sir, your truly,

W. KNOWSLEY SIBLEY.

Cavendish Place, W.
January 12th, 1917.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—In reply to the question in your issue of December 27th as to the absorptive power of the skin, it is almost incredible that Dr. Sibley should have delivered himself of the statement that "the normal unbroken skin is absolutely non-absorbent." We know at any rate that mercurial inunctions are occasionally followed by very undesirable consequences, and some of us have seen the urine blacken from absorption of salicylate of methyl through unbroken skin. Of course, the skin is not blotting paper, but neither is it oiled silk.

But if your lay readers are going to raise questions of this kind the space allotted to correspondence will have to be materially increased.

I am, Sir, yours truly,

A. S. GUBB.

Algiers, January 8th, 1917.

RE GALYL AND THE LOCAL GOVERNMENT BOARD.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—We are receiving queries from some of the hospitals and surgeons regarding the omission of Galyl from the list of approved remedies on the L.G.B. Circular. They seem to be under the impression that it is due to some therapeutical objection, whereas it is really owing to the miscarriage of some correspondence on the matter with the Secretary of the Local Government Board, and we hope to see Galyl, as a substitute for salvarsan, on the approved list in the very near future.

I am, Sir, yours truly,

W. BRESILLON,
Pro the Anglo-French Drug Co., Ltd.

Holborn, London.
January 15th, 1917.

TRANSACTIONS OF SOCIETIES.

ROYAL ACADEMY OF MEDICINE IN IRELAND.

SECTION OF OBSTETRICS.

MEETING HELD FRIDAY, NOVEMBER 10TH, 1916.

The President, GIBBON FITZGIBBON, M.D., F.R.C.P.I., in the Chair.

EXHIBITS.

ENDOTHELIOMA OF OVARY.

THE PRESIDENT of the Academy showed a specimen of the above, with the following history. The patient from whom it was removed had sought the advice of Dr. Ashe, because, though only 36 years of age, menstruation had been absent for nearly a year without any evidence of pregnancy, or of any manifest disturbance of general health. Her first and only child was born seven years ago. Pelvic examination revealed no evidence of uterine disease. The right ovary was enlarged to the size of a walnut, though not very sensitive to touch; the left was manifestly smaller than normal. Though there was no complaint of pain, the removal of the right ovary was advised, and easily effected, followed by an easy convalescence. Its appearance, except that its surface was very pale, did not arouse suspicion, but under the microscope the characteristics of endothelioma were plain. The President expressed the hope that in discussing the specimen those present would favour him with their views on the wisdom, or otherwise, of removing both ovaries; and, secondly, whether extension or recurrence was likely to occur.

Dr. ROWLETTE reported that on cutting the ovary across more than half its substance was found to be a soft, homogeneous, friable tumour, which approached closely to the peritoneal capsule, but did not appear to infiltrate it. Microscopically, this tissue was seen to be composed of large, flat, irregular endothelial cells; in many places they were grouped around open lymph-clefts. The tumour was malignant, and to be classed as an endothelioma.

Sir WILLIAM SMYLY said they must remember that having heard that the tumour of the ovary was an endothelioma, the case presented itself to them in a different light from that in which it appeared to the operator, who did not suspect that it was malignant. And under such circumstances, and considering the age of the patient, he thought he was fully justified in leaving the second ovary.

UTERUS REMOVED BECAUSE OF OBSTETRICAL RUPTURE.

THE PRESIDENT of the Academy also showed the body of a uterus, removed by abdominal hysterectomy from a parturient woman shortly after rupture had occurred. She was a young 3-para, having a history of difficulty in former labours owing to slight pelvic narrowing. Soon after admission a brow presentation was diagnosed. This was converted into a vertex, and the presenting part had nearly reached the outlet when signs and symptoms of ruptured uterus became manifest. On making abdominal section the fœtal body and extremities came into view, having escaped through a large, irregular rent, involving the anterior vaginal fornix and lower uterine segment. In the presence of such conditions the immediate question to decide was, after a rapid extraction of the fœtus, whether to repair or to remove the uterus. The former plan he regarded as a counsel of perfection, to be

kept steadily in view, and to be carried out if the patient's condition warranted the attempt. In the present instance, removal seemed the wiser course, and it was done with all possible speed. Convalescence had been slow, but seemed likely to be quite satisfactory.

Dr. Hastings Tweedy said that he had, through the kindness of Dr. Purefoy, an opportunity of seeing his patient and helping at the operation. Tears such as this one, he believed, were always due to some previous tearing of the cervix, and the commonest cause of such a tear was the application of forceps before the os was fully open. When once the cervix was torn it was an easy matter to have an extension of the rent, though an interval of years might elapse between the primary and secondary rupture. In respect to treatment, he believed that better results all round are obtained by means of a plug than through abdominal section. The plug had two objects in view:—(1) To stop immediate bleeding; and (2) to counteract shock by preventing prolapse of the intestinal contents and the entrance of air or micro-organisms through the vagina. Very few people understood how to apply a plug. At one autopsy he had observed a ribbon of iodoform gauze pushed up to the surface of the liver. This, he need hardly say, did more harm than good. A large piece of gauze should be bunched in the hand, as a housemaid bunches a duster, and this large mass should be pushed into the rent, but not through it. In this way hæmorrhage was controlled, and the intestinal contents were prevented from prolapsing. It was a misnomer to talk about immediate abdominal section for rupture of the uterus. In the majority of instances it took over an hour from the time operation was decided upon to its actual accomplishment.

Sir William Smyly said that the cause of the rupture in this case was obscure. But in a large proportion of cases of malpresentation of the head it was held in its faulty attitude by the lower uterine segment, and for that reason attempts at rectification were necessarily attended with risk.

Tuberculosis of the Genital Organs transmitted from Husband to Wife.

Dr. Spencer Sheill read a paper on the above. The husband was definitely tuberculous in the seminal vesicle, epididymis and kidney. Five weeks after marriage his previously healthy wife complained of swollen glands in groin; she had tender and thickened uterine appendages on same side, and reacted to tuberculin tests. A course of tuberculin injections made an apparently complete cure.

Sir William Smyly said that the case was one of very great interest and suggestive of the possibilities of direct infection of the wife's genitalia by tuberculous semen. He was, however, still unconvinced that the uterus and tubes could be infected in that way. Unlike the respiratory and alimentary organs, the current in the genital canals was in an outward direction, and tended to eliminate the bacilli; nor did it seem possible that they could be carried upwards by spermatozoa. He believed that tuberculosis of the tubes and uterus was never found as a primary disease, but was always secondary to some focus of infection elsewhere, and generally carried to them by the blood.

Dr. Tweedy said tuberculosis required a month or more rest before being active, but it was known that guinea-pigs injected could show tuberculosis in so short a period as three weeks. Tuberculosis was not unknown as a primary ulceration of the cervix; therefore, why should not this occur by coitus?

Dr. Sheill said, in reply, that he did not agree with Sir William Smyly that tubercle bacilli had no tendency to ascend the female generative organs like the gonococci.

Section of Pathology.

Meeting held Friday, November 17th, 1916.

Dr. W. Boxwell in the chair.

The pathological findings in two cases of hectic fever.

Sir John Moore reported two cases of hectic fever which had come under his observation recently at the Meath Hospital. The first patient was a trooper in a Hussar regiment, aged 29 years, admitted on September 3rd, 1916, very ill indeed. A certain tenderness on pressure in the appendix region, with dulness on percussion, rigidity of the neighbouring muscles, and a fulness led to a suspicion of mischief in or near the appendix. The man's extreme weakness and emaciation forbad operation. Death occurred. A post mortem examination proved the case to be one of pyæmia. The vermiform appendix was gangrenous. It had been the seat of a chronic suppuration. The left kidney contained a large depôt of pus. There were small multiple abscesses in the right kidney and in both lungs. Cultures from the abscesses showed only staphylococci. The second patient was a young man of 22, a bootmaker. On admission on August 11th, 1916, physical examination led to a diagnosis of right pleuritis, with commencing effusion. At no time had the patient any cough or expectoration. His heart became daily weaker, and its beat more frequent. Wasting and failing strength, accompanied by tremor, were prominent symptoms. The little toe of the right foot became gangrenous, and epileptoid attacks supervened. The continuance and the character of the pyrexia suggested an acute miliary tuberculosis, but crepitations did not appear in the lungs until a few days before death, on October 9th. Somnolence deepened into coma at the last. The findings of a post mortem examination were as follows:—Acute pleurisy in both sides; disseminated tuberculosis of both lungs; the left lobe of liver overlapped, and was adherent to the spleen; the latter organ showed a large area of caseation. There was no enlargement of the mesenteric or mediastinal glands. The diaphragm and pericardium were studded with tubercles.

The Chairman laid stress upon the importance of bringing the full clinical details as well as the post mortem findings before the section. In the first case he regarded the abscess in the kidney region as being the primary cause of the pyæmia. He had had experience of several cases of pyæmia and septicæmia where the origin of the infection was obscure. He had no doubt that in some cases the site of entry was the tonsil, or that infection arose through extreme conditions of pyorhœa alveolaris.

Dr. T. T. O'Farrell gave the details of a somewhat similar case of cryptogenetic septicæmia, which failed to be influenced by ordinary therapeutic measures. Blood cultures proved sterile, and the serum did not agglutinate either *B. typhosus*, *B. para typhosus* A. or B. Cultures made from the throat revealed a pure culture of streptococcus. The administration of a vaccine, made from this microorganism, was followed by an almost immediate amelioration of symptoms, and an apparent cure.

Dr. W. M. Crofton suggested that a bacteriological examination of the urine might prove of use in obscure cases, even when an examination of the

centrifugalised sediment failed to reveal any gross pathological condition. With regard to the second case, he had found the subcutaneous tuberculin test of great value in diagnosis, but considered that much smaller doses than were usually given were quite sufficient to elicit a diagnostic reaction.

A PRIMARY PULMONARY TUMOUR.

Dr. POLLOCK showed the post mortem specimens and miscroscopic preparations from this case. The patient was a woman, aged about 37, who developed a pain in the left side, together with a dry cough, practically devoid of sputum. An X-ray plate showed an extensive shadow, occupying almost the entire left pulmonary area, together with a shadow corresponding to the upper right lobe. The pain increased in severity, and laryngeal stridor set in in addition. Soon after admission the patient succumbed. Post mortem findings showed a tumour of peculiar pearly lustre and soft consistence supplanting the left lung—except for a small basal portion—and tending to envelop the heart. At no point was this tumour adherent, the entire mass being freely movable, like a normal lung, with the exception of the pulmonary apex. A similar, but smaller, mass occupied the right upper lobe. The superior mediastinum was entirely free, and no connection appeared to exist between the left and right neoplasms. The sections showed a fairly constant grouping of many layers of large and small polygonal cells around spaces, suggesting lymph spaces or blood capillaries. Such an arrangement might be considered to correspond to the type of endothelial tumour, known as perithelioma. The presence of necrosis in these areas farthest from these spaces would support a belief that they were concerned in the nutrition of the tumour cells.

A UTERINE TUMOUR FOR DIAGNOSIS.

Dr. POLLOCK also showed a uterus from a patient of about 60 years of age, who suffered for about nine months from hæmorrhage and a rapidly-growing abdominal tumour, which proved at operation to be an enlarged infiltrated uterus. No further details were provided with the specimen when sent to him. The tumour was of a sarcomatous consistence, composed of softish, buff-coloured masses. Microscopically, the most characteristic areas that could be found showed parallel channels, enclosed by cells of a somewhat spindle type, appearing to line these spaces, and based upon a definite stroma. Numerous blood vessels, together with hæmorrhage, were also present. Other areas, again, contained small circular cells, with affinity for basic stain, arranged in loculi and comparable to a carcinoma. He offered the specimen for a histological diagnosis.

The section leaned to a diagnosis of an endothelial type of tumour.

SPECIAL REPORTS.

MEDICAL WAR HONOURS.

A SUPPLEMENT to the *London Gazette*, January 10th, contains the following:—

THE MILITARY CROSS.

The King has been pleased to confer the Military Cross on the following Officers and Warrant Officers in recognition of their gallantry and devotion to duty in the field:—

Capt. Edward James Blair, M.B., R.A.M.C. He tended and dressed the wounded under heavy fire continuously for 18 hours. He set a splendid example of courage and determination throughout.

Capt. Hawtrey William Browne, M.B., R.A.M.C. He made a tour of five Regimental Aid Posts under very heavy fire, and carried in many wounded men. He set a splendid example throughout.

Temp. Capt. William George Thomas Hepplewhite, M.D., R.A.M.C. He worked unceasingly day and night supervising his bearers, clearing the wounded under very heavy fire. He set a splendid example throughout.

Temp. Capt. Herbert Bruce Low, M.D., R.A.M.C. He dressed the wounded and supervised the work of the bearers under very heavy fire. He set a splendid example of courage and coolness throughout.

Capt. John Wright Malcolm, M.B., R.A.M.C., Spec. Res. He displayed great courage and determination in constantly directing bearer squads under heavy fire. On another occasion he rescued several men who were buried.

Temp. Capt. Victor Harold Mason, M.D., R.A.M.C., E. York R. He displayed great courage and determination in tending and dressing the wounded under very heavy fire.

Temp. Capt. Lloyd Remington Meech, R.A.M.C. He worked continuously for 48 hours collecting wounded under very heavy fire. He set a splendid example throughout.

Temp. Lt. Alexander Gordon Peter, M.B., R.A.M.C. He tended and dressed the wounded under very heavy fire, displaying great courage and determination throughout.

Temp. Surg. Frank Pearce Pocock, R.N., attd. R.N.V.R. He displayed great courage and determination in dressing the wounded and leading stretcher parties. He worked continuously for three days under heavy fire.

Temp. Lt. Albert Edward Sutton, M.B., R.A.M.C. He displayed great courage and determination in tending the wounded under heavy fire. He worked single-handed all night in an advanced post.

Temp. Capt. Harold Ernest Pierpoint Yorke, R.A.M.C. He displayed great courage and determination in tending the wounded under very heavy fire. Later, although himself wounded, he continued to carry out his work.

CANADIAN FORCE.

Capt. William Malloch Hart, Can. A.M.C. He displayed great courage and skill in evacuating wounded under most trying conditions. On one occasion he worked for several hours in the open under heavy fire attending to the wounded. He has previously done fine work.

GRAND PRIORY OF THE ORDER OF THE HOSPITAL OF ST. JOHN OF JERUSALEM IN ENGLAND.

As Knights of Grace.—Col. Sir John Rose Bradford, K.C.M.G., C.B., M.D., F.R.S., A.M.S.; Col. Alfred Percy Blenkinsop, C.B., M.R.C.S., A.M.S.; Col. Sinclair Westcott, C.B., C.M.G., L.R.C.P.Ed., A.M.S; Surg.-Gen. John Chislet Culling, M.R.C.S., A.M.S.

As Esquires.—Lt.-Col. William Richard Blackwell, L.R.C.S.I., R.A.M.C.; Fleet-Surg. Robert William Glennan Stewart, M.B., R.N.

OBITUARY.

DR. JAMES ARTHUR RIGBY, M.D., PRESTON.

ON Christmas morning Dr. James A. Rigby passed away at his residence at Preston. So recently as Thursday, December 21st, Dr. Rigby was performing his military duties on the Medical Board of the 47th area. Next day he developed a sharp attack of influenza, and succumbed to supervening pneumonia.

Born in 1849, the son of Mr. James Rigby, builder, of Preston and Blackpool, he matriculated at London University, and studied at Guy's Hospital. He qualified M.R.C.S. Eng., and L.S.A. Lond., in 1873. In the following year he graduated M.B. London with honours, and in 1877 took the M.D. London. He then commenced practice on his own account at Preston. For 15 years he was honorary medical officer at Preston Royal Infirmary, and served as a consulting medical officer till his death. He was a Medical

Referee under the Workmen's Compensation Act. He was surgeon to the Preston Volunteer Artillery (now 2nd West Lancashire R.F.A.) for 20 years, and retired with the rank of major in the R.A.M.C., and was awarded the Territorial Decoration.

At the outbreak of war he volunteered for immediate service, and was appointed to the recruiting staff at Preston, taking full charge of the examination of recruits of the 47th Regimental District until the formation of the Medical Board, He calculated that he had personally examined over 50,000 recruits in his daily services at the Public Hall.

Possessed of considerable literary ability, Dr. Rigby contributed many papers to various medical journals, and was an occasional contributor to the "Nineteenth Century." A treatise on the high death-rate of Preston, which was published in pamphlet form some time ago, aroused much controversy throughout the North of England, both on account of its vigorous originality and as adding great weight to the vital importance of municipal effort to reduce infantile mortality.

Dr. Rigby was a prominent member of Preston Town Council since his election in 1909. For some time he was chairman of the Health Committee.

DR. W. COLLINSON, L.S.A., ROTHERHAM.

THE death took place on January 2nd, at Rotherham, of Dr. William Collinson, at the advanced age of 76 years. Dr. Collinson was highly respected and widely known in the borough and district. He was a native of Armley, near Leeds. Dr. Collinson at the age of 17 came to Rotherham, and first entered the service of the late Dr. Robinson. Subsequently Dr. Collinson was engaged by Dr. Saville, and he was afterwards in business as a chemist, but studying medicine at Leeds he qualified L.S.A.Lond., in 1879. For more than a quarter of a century he practised as a surgeon, retiring sixteen years ago, when he was succeeded by his son, Dr. F. C. Collinson. There are two sons, the other being Mr. W. Collinson, veterinary surgeon, Anston.

DR. JAMES HUNTER JOHNSTON, M.B., C.M., NOTTINGHAM.

The death took place at his residence, on 4th January, of Dr. James Hunter Johnston, of Nottingham. He was aged 51. He studied at Edinburgh University, graduating M.B., C.M. in 1892, and held the post of house physician at the Edinburgh Infirmary for some time. For many years he had been in practice in Nottingham, and since the outbreak of war had carried out part-time military medical work until his last illness. Keenly interested in sports, he took an active part in cricket, being a member of the Notts. Amateur Club.

DR. FREDERICK WILSON, M.B., C.M., NEWTOWN, MONTGOMERY.

The death occurred, on 4th January, of Dr. Fred Wilson, Newtown, Montgomeryshire. He had a seizure on 30th December while motoring, and did not again recover consciousness. Born at Cumnock, Ayrshire, forty-seven years ago, deceased was educated at Kilmarnock and Edinburgh University, graduating M.B., C.M. in 1896. He had been in practice in Newtown many years, and was medical officer of health to the Newtown Council, besides holding other medical positions in the country. He leaves a widow and one child.

DR. W. H. BLAKE MARSH, M.R.C.S., L.R.C.P. LONDON.

THE death is announced of Dr. William H. Blake Marsh, for many years senior seagoing medical officer to the P. and O. Company. The son of the late Captain Marsh, of Winterbourne Park, Gloucester, Dr. Blake Marsh, who was born in 1848, was gold medallist of his year at Bristol Royal Infirmary. He qualified M.R.C.S. England, in 1877, and L.R.C.P. Edin., in 1887. An all-round sportsman, he was a notable archer in his younger days, an excellent shot, and, as befitted a schoolfellow of W. G. Grace, a good cricketer.

DR. W. N. ELEY, M.R.C.S., L.R.C.P., BATLEY.

DR. WILLIAM NORMAN ELEY, of Batley, died at his residence on January 10th, from an attack of double pneumonia. Dr. Eley, who was educated at Birmingham, qualified M.R.C.S.Eng., L.R.C.P.Lond., in 1896, first entered the medical profession at Batley in partnership with Drs. Woods and Keighley, and had been in practice on his own account for about five years before his death. He was a popular member of the honorary medical staff of the Batley and District Hospital. He took no active part in politics or public affairs. He was a son-in-law of the Mayor of Batley (Alderman J. W. Blackburn), having married Miss Annie Blackburn nine years ago, and leaves a widow and two young children.

DR. J. E. PARKER, M.R.C.S., L.R.C.P.I., BISPHAM, LANCS.

AMONGST those who lost their lives on the ill-fated "Ivernia" was Dr. J. W. Parker, of Bispham. Dr. Parker, who was 56 years of age, received his medical training at Owen's College, and qualified M.R.C.S., Eng., in 1885, and L.R.C.P.I., in 1891. Prior to going to Bispham some years ago he practised in the Wigan district. He took a prominent part in the affairs of Bispham. Soon after war broke out he offered his services, and was appointed medical officer with the White Star Line, transferring to the Cunard Line. He leaves a widow, two sons, and a married daughter. Both sons, who were in Canada when war was declared, immediately joined the Canadian infantry, and came over with the first contingent.

DR. WILLIAM PRICE, M.B., M.R.C.S., L.R.C.P., L.S.A., FORMERLY OF CARDIFF

THE death occurred at his residence, Sandymount, Southerndown, on Thursday evening, at the age of 73, of Dr. William Price, who for many years carried on a large practice in Park Place, Cardiff. A son of the late Mr. Llewelyn Price, of Llantrithyd, as a young man he was with Dr. T. W. Edwards, of Cardiff, afterwards going to continue his studies in medicine at London University College. He was quickly recogniesd as a man of unusual talents, and acted for some time as demonstrator at the university. He qualified M.R.C.S.Eng., in 1868, L.S.A. in 1869, and M.B., L.R.C.P.Lond, in 1870. He was associated with many famous doctors of the day, including Sir William Jenner. He commenced practice in Cardiff more than forty years ago, and soon became known throughout South Wales as one of the most able consulting physicians in the district. He numbered many prominent South Wales residents among his patients, and had a most lucrative practice. Beyond a deep interest in the Cardiff General Infirmary (now King Edward VII.'s Hospital), he took little or no interest in public life, and finally retired from practice about fifteen years ago. He married a daughter of the late Mr. John Morris, solicitor, of Park Place, Cardiff, who predeceased him a few years ago, and and there is no issue of the marriage.

REVIEWS OF BOOKS.

OPERATIONS AND GENERAL PRACTICE. (a)

IN the preface to his latest work (*When to Advise Operation in General Practice*) Mr. Rendle Short makes a doubtful generalisation in stating that "in general practice the principal difference between a good doctor and a dangerously bad one is that the first knows when to advise an operation and the second does not." He anticipates criticism, however, by restricting his remarks to surgical cases.

It is true that the art of judging indications for operation is a difficult one, and that as surgery advances, teaching alters, so that what was confidently told the student of even ten years ago may to-day be inadequate. Mr. Rendle Short's work is a praise-

(a) "When to Advise Operation in General Practice." By A. Rendle Short, M.D., B.Sc.Lond., F.R.C.S.Eng. Pp. 266. Bristol: John Wright and Son, Ltd., 1916.

worthy effort to enable the man who has not for some years had the advantage of hospital practice to benefit by the experience of up-to-date surgery. The first two chapters, on Appendicitis and the Acute Abdomen, are of especial value to the general practitioner. In such cases, rapid decision is essential, and the author gives valid reasons for his teaching, and duly emphasises the cardinal points which should influence the verdict. Some late chapters will not meet with complete acceptance, and Mr. Rendle Short acknowledges that there are different schools with different views. Dealing with phimosis, he enumerates various affections to which it may give rise, but omits fits in childhood. He recognises that venereal diseases do very much more local mischief when phimosis is present. But we know phimosis is a worse culprit than is here indicated. Venereal practitioners have found, especially since the outbreak of the world war, a disproportionately large number of patients with phimosis, and there is little doubt such a condition renders more easy the contraction of venereal diseases. The author maintains that "it seems rather fantastic to circumcise a dozen baby boys so that one of them may eventually have an easier time when he catches gonorrhœa or syphilis." Many will hold the contrary view, and consider the dozen circumcisions well worth the "easier time," to say nothing of the benefit conferred on the other eleven.

The chapter on Injuries and Diseases of the Urethra deserves high praise, though the author appears to take rather a despondent view regarding urethrotomy. The difficult question of internal derangement of the knee joint is tackled in a lucid and straightforward manner.

Mr. Rendle Short's work deals with a subject of the utmost importance to practitioners in general, and the author's conclusions are the more valuable by reason of his editorial experience in a previous publication—"Index of Prognosis and End-results of Treatment." We heartily commend the book under review to the favourable consideration of the profession. If dogmatic, it contains reasoned dogmatism. And, after all, in surgical emergencies dogmatism is a virtue to be appreciated.

GRAY'S ANATOMY. (*a*)

IT is difficult to speak too highly of this text-book which is now the best of the medium-sized volumes for the use of students. The writing is uniformly good, concise, and clear, a modern flavour is given by complete adoption of the B.M.A. nomenclature. This new issue has also been improved by many additional illustrations and by some revision of the text. The few criticisms which we offer are only of a minor nature and do not detract from our opinion of the general excellence of the volume.

The pages (1 to 39 inclusive) which treat shortly of the histological appearances and structure of the more important tissues might be omitted without any serious loss, as those who use a book of this size will have access to volumes which can treat the subject more adequately. For example, MacEwen's work on ossification is scantily dealt with though of great interest and importance.

In the section on Embryology, fig. 75 is not sufficiently clear to convey any definite impression of the three-layered embryo and might be replaced. The azygos vein is described as being formed in part by the subcardinal vein, while the work of Sabin, in this connection, though important and far reaching in its effects, is not referred to at all.

It would, in our opinion, be an advantage to group all the applied anatomy together and the references to applied anatomy in the section on osteology could either be transferred or replaced by a short account of the more essential morphological facts.

Although the quality of the paper militates against the maximum effect being obtained, yet the illustrations in the Arthrology section, coloured after the manner of Fick, are a great improvement on those which they replace. Fig. 509 of the deep muscles of the back should either be improved or omitted, and the same remark applies to figures 752, 753 and 766 in the section on neurology.

(*a*) "Anatomy, Descriptive and Applied." By Henry Gray, F.R.S. Nineteenth edition. Edited by Robert Howden, M.A., D.Sc., M.B., C.M., with 1143 illustrations, of which 399 are coloured. London: Longmans, Green and Co. 1916.

NEW FRENCH MONOGRAPHS.

IN spite of the industrial disorganisation due to the war, the French medical publishers manage to turn out some very interesting work. Messrs. Masson and Co. are publishing a set of books on subjects connected with the war. This set will consist of sixteen volumes, and has received the appropriate name of "Collection Horizon" from the colour of the covers, which is the same as that of the French uniform.

The first volume has for title "La Fievre Typhoide et les Fievres Paratyphoides," by Drs. Vincent and Muratet. 4 francs.

Enteric and paratyphoid fevers are one of the most interesting questions of the day. The authors, in a small volume of 280 pages, have given a brief and concise description of the progress made as regards the symptomatology, ætiology and prophylaxis of these affections. The book is one which all medical men will find useful.

"Les Formes Anormales au Tetanos," by Drs. Courtois-Suffit and R. Giroux, with preface by Prof. Widal. 180 pages. 4 francs.

Unfortunately cases of tetanus were very frequent at the beginning of the war, and some quite new forms of the disease made their appearance. The authors, who were the first to describe one of these new forms, have given us in their little book a very complete study of the disease.

"Traitement des Fractures," by R. Leriche, Professor at the Faculty of Lyons. 4 francs.

This work will consist of two volumes, the present one treats of joint fractures.

In 200 pages the author presents a very practical study of these lessons, writing particularly on the treatment to be applied. Numerous illustrations facilitate the description of the cases.

MEDICAL NEWS IN BRIEF.

Dearth of Ambulances.

THE position in which the ambulance service of the Metropolitan Asylums Board has been placed by the depletion of the staff of motor mechanics and driver mechanics was the subject of complaint at the meeting of the Board.

The Ambulance Committee reported that 37 per cent. of the ambulances were awaiting repair, and it was probable that within a few months the service would no longer be able to remove fever and diphtheria patients from their homes to the hospitals. The retention in their homes of hundreds of infectious cases must, it was pointed out, have disastrous effects, especially if small pox or any other of the serious infectious diseases assumed an epidemic form.

Mr. H. W. Eckroyd said the way in which house refuse was allowed to lie about in the crowded districts was sufficient to cause an epidemic in warm weather. They were on the brink of a grave danger because the great British Army could not allow eight or ten men to the committee.

Mr. B. Portman said the Government had taken nearly all their skilled mechanics.

It was resolved to forward a copy of the report to the Local Government Board, with a request to arrange for the retransfer to the Board's service of the men taken from it for the Army or munition service.

Sacrificed Babies.

"We are losing something like 40,000 babies a year," remarked Mr. A. H. D. Acland, who presided at a meeting held at the University of London on January 4th, of the Association of Teachers of Domestic Subjects, the subject of discussion being the younger generation.

"It has been estimated that if you include the possible births," continued Mr. Acland, "out of a

potential birth-rate of about a million, we lose nearly a quarter of a million of children under five years old. If that is approximately correct, it is a disastrous state of things, and shows how much there is yet to be done.

"We ought to have infant welfare centres within reach of all the working mothers throughout the length and breadth of the country."

School or Nursery.

DR. S. C. LAWRANCE, the Medical Officer of Health for Edmonton, N., has prepared a report suggesting to the Edmonton Education Committee that they should abolish all infant schools as such and convert them into night and day nurseries. The head teachers could become superintendents of the nurseries, which could be run partly by volunteer workers, and the assistant teachers could be transferred to other schools to assist the already depleted staffs. Of the future of many children who now are neglected through their mothers' absence at work, the doctor speaks with doubt unless energetic steps are taken.

Clogs for the Children.

OWING to dearness of boots the Eastbourne Guardians have decided to supply clogs for children.

Councillor Eden, Chairman of the House Committtee, said the experiment would be tried for six months, and it would be seen whether the parents and school teachers could put up with the noise.

Economy Appeal to Doctors.

An appeal was made to the 18 visiting doctors of Fulham Military Hospital by the chairman of Fulham Guardians, on 5th January, to reduce their travelling expenses by using trams and 'buses, which would bring them to the hospital as quickly as their own motors. It was pointed out by the clerk that quite one-quarter of the doctors' monthly salaries represented travelling expenses, they being allowed 6d. per mile for the use of a four-seater car and 4d. for a three-seater.

Improved Health of the German Army.

A REPORT from Berlin states that statistics of the state of health in the German Army during the second year of the war show a decrease in the number of cases of illness, due to the protective vaccinations as well as to the fight against communication of illness through lice and flies. The cases of illness and of war diseases in the first and second years of the war, per 1,000, amounted to :—

Disease.	First Year.	Second Year.
Smallpox	.01	Nil
Typhoid fever	5.6	1.4
Dysentery	2.8	1.8
Cholera	.32	.24
Phthisis	2.9	1.7
Inflammation of the lungs ...	6.8	4
Nerve diseases	24.3	21.5

The improvement in the health conditions is the more valuable because in the second year of the war our troops were led much further into the unhealthy, badly provided regions in the east and south-east. Of the wounded, not including those killed, 70 per cent. returned to the front, 6.4 per cent. are unfit for further military service, and the rest are doing garrison duty for the Army.

Of the inmates of the home hospitals 90 per cent. became again fit for military service. Mortality amounted to 1 per cent. The remainder have been sent home on leave or to health resorts, or are unfit for further military service.

The number of all members of the Army blinded since the beginning of the war amounts to 1,250.

Fewer Deaths from Influenza in London.

INFLUENZA in London showed some abatement in virulence in the first week of 1917 as compared with what it had been during the month of December. There were 77 deaths, whereas in the preceding three weeks the totals had been 81, 86 and 98 respectively. That the disease is still extraordinarily rampant and severe, however, may be gathered from the fact that these 77 deaths are rather more than four times greater than the average number, which is 19.

No Compulsory Greek.

THE Incorporated Association of Headmasters on January 10th at the Guildhall passed a resolution reaffirming its conviction that Greek ought not to be a compulsory subject for the entrance examinations to the Universities of Oxford and Cambridge.

The resolution was carried with three dissentients.

Cocaine and Dentistry.

THE Home Secretary gives notice that the permission granted to persons bona fide engaged on July 28th, 1916, in practising dentistry, but not registered under the Dentists Act, 1878, to purchase preparations containing not more than 1 per cent. of cocaine, for use solely as local anæsthetics in connection with dental work, has been extended to the 28th February, 1917.

Venereal Diseases and "Quack" Remedies.

AT a quarterly meeting of the council of the Royal College of Surgeons held on January 11th, Sir Watson Cheyne, president, in the chair, a resolution was adopted expressing the opinion that it is urgently necessary, for the protection of the public, that the treatment of venereal diseases and the advertisement of remedies for such a purpose by unqualified persons should be prohibited and made a punishable offence. The council further expressed the opinion that the recommendations of the Select Committee of the House of Commons on Patent Medicines, which have now been endorsed by the Royal Commission on Venereal Diseases, should forthwith be adopted and embodied in the proposed legislative measures.

Attack on Panel Doctors.

AT a meeting of the Durham County and Darlington combined Insurance Committees, held at Durham on January 11th, Mr. T. W. Huntley declared that if a very serious attempt was not made to save the children the committee might as well give up the work of treating the adult.

He also expressed entire dissatisfaction with the panel system of medical benefit, declaring that some doctors were most inhuman in their treatment of patients. The treatment between private and panel patients was too glaring to be overlooked by the man in the street, for the panel patient did not get half a chance of recovery.

The chairman suggested that Mr. Huntley's observations should be reserved for the Medical Benefits Sub-committee, and that remarks upon a class without discrimination were not very desirable.

There were many medical men who were very conscientiously doing their work, and he would not like that anything said at that meeting should reflect upon men who were honourable and who were striving for the good of the community quite as much as was the Insurance Committee.

New Legislation for Infant Welfare.

THE *Times* states that while nothing definite can yet be stated regarding the nature of the legislation dealing with maternal and infant welfare, which will be undertaken by the Local Government Board, it may safely be said that it will be far-reaching and generous, and that any increase of expenditure necessary in the national interest will be met by the Board.

It is interesting to note, in view of the statement on the subject of meals for nursing and expectant mothers made at the Marylebone General Dispensary by Dr. Shepherd, that this matter will probably be dealt with at an early date, and that legislation, somewhat on the lines of one of the recommendations of the Departmental Committee on Food Prices in their interim report of last September on meat, milk, and bacon, may be expected. It was recommended "that in the present emergency all local authorities should be urged to start a sufficient number of maternity centres, baby clinics, and child nurseries, and should be empowered to provide a certain supply of milk to children under the age of five and dinners to expectant and nursing mothers; that doctors in charge of maternity

centres, crêches, baby clinics, or nursery schools should be authorised to order milk and dinners for expectant or nursing mothers, for babies that cannot be nursed by the mother, and for children under the age of five; and that the cost of milk as well as that of dinners to expectant and nursing mothers, if incurred at such institutions on the certificate of duly-qualified medical men, should be allowed as part of the expenses towards which special grants are made by the Local Government Board and the Board of Education."

The voluntary worker will be encouraged to help the municipal authorities in carrying out all schemes that may be formulated, and all women who have fitted themselves for helping in this way will find themselves playing as important a part as those in the munition shops. It is interesting to note that in many parts of the country the salaries of health visitors are increasing and that every day sees new appointments made.

Unfounded Report of a Doctor's Death.

THE relatives of Dr. Robert W. Walsh, of Ebor Lodge, Bury New Road, Manchester, have during the past few days been bombarded with messages of sympathy on account of his supposed decease, although at the present time he is alive and well, and, indeed, has not even been ill.

In a letter to the *Daily Dispatch,* Dr. Walsh says :—

"May I invoke your aid to enable me to contradict the rumours that have got abroad as to my supposed decease. Messages (verbal, written, and telephonic) have been received here asking for information, and only this morning an application was forwarded from a medical colleague seeking an appointment I hold in the city, under the impression, apparently, that the post was vacant through my death.

"Your kind help in allowing me to assert that I am alive and in good health will much oblige me."

In an interview, Dr. Walsh said that many of his patients expressed the utmost astonishment when he visited them as usual, so widespread had the report of his death become.

The appointment for which his colleague had applied was that of prison doctor at Strangeways gaol, a position he (Dr. Walsh) had held for twelve or thirteen years.

Dr. Walsh said he could only explain the rumour by the fact that a brother medico in the same district had died suddenly last week.

Conjoint Examinations in Ireland.

List of Candidates who have passed the following Examinations by the Royal Colleges of Physicians and of Surgeons :—

Preliminary Examination.—John J. Mackey (with honours), Arthur J. Ahearn, Wallace Anderson, Michael Barton, Hubert J. Bermingham, Thomas G. P. Boyle, Solomon S. Brass, Wm. Beaufort Burke, Michael Cleary, John F. J. Cleary, Patrick F. A. Cunningham, Arthur H. K. Daly, Richard H. Dolan, Thos. E. Dorran, Joseph F. Dunn, David Eppel, John Geraghty, Algernon Good, Peter A. Glynn, Harold Hirsch, Michael P. P. Higgins, John J. A. Loftus, Leslie Wm. McAlister, Ita Magner, John Muckle, Thos. R. McCabe, Clara Ita Murphy, Robert Murray, M. Marton Nelson, Thos. V. C. Nolan, R. H. Nightingale, Mary C. O'Brien, Finnbarr O'Connor, John O'Leary, Henry J. Owens, Arthur R. H. Pasley, Patrick J. Quigley, Thos. A. S. Strevens, Eric H. Taylor, Agnes T. Toher, Abraham D. Watchman, Frederick L. Walshe, Vincent Walshe, Francis Whelan, Thos. G. Whitcroft.

First Professional Examination.—E. L. Coleman, T. C. Doyle, C. J. Ellison, A. Esmonde, J. Lord Flood, M. W. Fraser, P. McInerney, H. Macaulay, H. O'Mackey, E. Mitchell, P. J. A. O'Connor, J. J. O'Sullivan, G. S. Rutherford.

Special Final Examination.—Leo Patrick O'Connor.

Second Professional Examination.—J. P. Cleary, J. O. Fitzsimons, J. Forbes, D. Hegarty, P. McAndrew, J. C. M. Martin, J. S. E. Manley, V. J. Murphy, C. L. Wilson.

Third Professional Examination.—H. G. P. Armitage, J. Coman, J. J. Crowe, J. Danaher, W. Evans, N. J. Filose, P. J. Filose, E. D. Kinsey, F. MacDowel, W. J. McElhinney, R. G. J. McCullagh, C. Murray, M. C. Myerson. H. G. Rea, J. C. Rutherford.

Final Professional Examination.—Elizabeth Budd, Ernest C. H. Ewart, W. O'Connor Hunt, George W. Jackson, Daniel C. Kelleher, Joseph McDonagh, John T. McDonnell, Edward T. McElligott, James McGuire, Patrick O'Connell, Michael F. Murphy.

Royal College of Surgeons in Ireland.

THE following candidates have passed the Final Dental Examination, winter, 1916:—

Harold J. Higgins, Luke Bridge Leonard, Michael J. O'Reilly.

MEDICAL WAR ITEMS.

CAPTAIN DANIEL VERE MAXWELL ADAMS, M.B., Royal Army Medical Corps, attached to the Gloucestershire Regiment, who has been wounded, before joining the Army practised at Lanark, and had held several important appointments at hospitals in Lanark and Glasgow. He was also in India for some time, being a medical officer in the Punjab. Dr. Adams was educated at Edinburgh University, where he took his medical degree in 1898. He has held a captain's commission in the Royal Army Medical Corps since the beginning of this year.

Major Percy Arnold Lloyd-Jones, D.S.O., Royal Army Medical Corps, was killed in action on December 22nd. He was the son of Mr. E. Lloyd-Jones, of Abbotshill, Malvern, Worcestershire, and was born in 1876. At Cambridge University he took B.A. honours in 1898, the M.B. degree in 1907, and was also M.R.C.S. and L.R.C.P. London. Entering the Royal Army Medical Corps in 1904, he became captain in 1908, and reached his present grade last year. Major Lloyd-Jones served in the South African War (in the ranks) and got the Queen's medal with three clasps. During the present war he has had command of a field ambulance, and for his valuable services he has been mentioned in despatches and awarded the D.S.O.

Flight Sub-Lieutenant C. D. Newman, reported missing, is a son of the Rev. C. H. Newman, Vicar of St. Mark's, Sunderland. He was a student at the Medical College, Newcastle, when war broke out. After serving as a surgeon-probationer for a year, he was transferred to the Royal Naval Air Service. He went to France only five weeks ago.

NOTICES TO CORRESPONDENTS, BREVITIES, &c.

☞ CORRESPONDENTS requiring a reply in this column are particularly requested to make use of a *Distinctive Signature or Initial,* and to avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," etc. Much confusion will be spared by attention to this rule.

LETTERS TO THE EDITOR and Original Papers intended for publication should be written on one side of the paper only, and must be authenticated with the name and address of the writer, not necessarily for publication, but as evidence of bona fides. These should be addressed to the Editor at the Offices of this Journal; if in Ireland, to the Dublin Office, 29 Nassau Street; from other parts of the United Kingdom, these should be addressed to the London Office, 8 Henrietta Street, Strand.

REPRINTS.—Reprints of articles appearing in this JOURNAL can be had at a reduced rate, providing authors give notice to the publisher or printer before the type has been distributed. This should be done when returning proofs.

SUBSCRIPTIONS.

SUBSCRIPTIONS may commence at any date, but the two volumes each year begin on January 1st and July 1st respectively. Terms per annum, 21s., post free at home or abroad.

Foreign subscriptions must be paid in advance. For India, Messrs. Thacker, Spink and Co., of Calcutta, are our officially appointed agents. Indian subscriptions are Rs. 15.12. Messrs. Dawson and Sons are our special agents for Canada. For South Africa, The Record Publishing Co., Cape Town. Messrs. Geo. Robertson and Co., of Sydney and Melbourne, are our special agents for Australia.

ADVERTISEMENTS.

FOR ONE INSERTION:—Whole Page, £5; Half Page, £2 10s.; Quarter Page, £1 5s.; One-eighth, 12s. 6d.

The following reductions are made for a series:—Whole page, 13 insertions at £3 10s.; 26 at £3 3s.; 52 insertions at £3, and pro rata for smaller spaces.

Small announcements of Practices, Assistances, Vacancies, Books, etc.—Seven lines or under (70 words), 4s. 6d. per insertion; 6d. per line beyond.

MANIPULATIVE SURGERY.

SEVERAL other letters than those in to-day's issue on the above subject are in type, but are unavoidably held over for want of space.

ANTIMONY (Esher).—We have no record of its use in the condition.

SPECIFIC (Glasgow).—You will find a letter on the subject in our correspondence columns this week.

PREVENTION OF CRUELTY TO CHILDREN.

THE National Society for the Prevention of Cruelty to Children investigated 3,853 complaints of neglect and cruelty in England, Wales, and Ireland during November. Of the 3,782 completed cases 3,695 were found true, affecting the welfare of 11,653 children and involving 4,693 offenders.

DR. EUSTACE THORP (Darlington). — Your paper, "Some Observations on the Vaccine Mark," received, and is marked for early insertion.

MR. CHAS. J. HEATH.—We hope to have space for your paper in our next. Blocks to illustrate same have come duly to hand.

KING EDWARD'S HOSPITAL FUND.

AMONG the latest contributions to King Edward's Hospital Fund for London is the sum of £105, being the annual subscription of Her Majesty the Queen.

EX-R.A.M.C. (London, W.).—There cannot be any disagreement as to the hardship.

DR. M. (Didsbury).—The investigation was carried out at Bradford, Yorks.

WAR CRECHE.

ANOTHER crèche for children of munition workers has been opened in the London District, the Ministry of Munitions having undertaken to provide 75 per cent. of the capital cost of £250, and a similar proportion of the rent of £60 per annum, as well as an allowance of 7d. per day per child.

ALBERT (Colchester).—We publish the report of another case this week.

PANEL (London, E.).—We thank you for the extract, which we hope to make use of shortly.

Meetings of the Societies, Lectures, &c.

MONDAY, JANUARY 22ND.

ROYAL SOCIETY OF MEDICINE (SECTION OF ODONTOLOGY) (1 Wimpole Street, W.).—5.30 p.m.: Paper—Dr. A. E. Rowlett: Conductive Anæsthesia of the Mandible. N.B.—Members will please note the change of time to 5.30 p.m.

TUESDAY, JANUARY 23RD.

ROYAL SOCIETY OF MEDICINE (SECTIONS OF MEDICINE, PATHOLOGY, EPIDEMIOLOGY) (1 Wimpole Street, W.).—5 p.m.: Combined Meeting. Discussion: The Origin, Symptoms, Pathology, Treatment and Prophylaxis of Toxic Jaundice observed in Munition Workers and Troops. Surgeon-General H. D. Rolleston will take the Chair and the Discussion will be opened by Dr. T. M. Legge, H.M. Inspector of Factories.

ROYAL SOCIETY OF MEDICINE (SECTION OF PSYCHIATRY) (1 Wimpole Street, W.).—Communication—Dr. F. Sano: Morphological Investigations upon the Convolutional Pattern of Relative Brains in Man. N.B.—For the general convenience of Members during the war, the Council has decided to hold the meetings of this Section at 4.30 p.m. instead of 8.30 p.m.

Vacancies.

Northampton General Hospital.—House Surgeon. Salary £150 a year, with apartments, board, washing, and attendance. Applications to C. S. Risbee, Secretary-Superintendent.

The Sheffield Royal Hospital.—Assistant House Surgeon. Salary, £120 per annum, with board, washing, and residence in the hospital. Applications to Joe W. Robinson, Secretary.

The Roxburgh District Board of Control.—Medical Superintendent of the Roxburgh District Asylum, Melrose. Salary £500 per annum, with furnished residence, garden produce, coal, light, and laundry. Applications to Mr. James Curle, W.S., Melrose, Clerk to the Board.

Royal Surrey County Hospital, Guildford.—House Surgeon. Salary £200 per annum, with board, residence, and laundry. Applications to the Secretary.

Hulme Dispensary, Dale Street, Stretford Road, Manchester.—House Surgeon. Salary £250 per annum, with apartments, attendance, coal, and gas. Applications to Honorary Medical Secretary.

Warneford General Hospital, Leamington Spa.—Junior Resident Medical Officer. Salary £150 per annum, with board, residence, and laundry. Applications to Fred Smith, House Governor.

City of Worcester.—Assistant Medical Officer. Salary £350 per annum. Applications to the Medical Officer of Health, Guildhall, Worcester.

Eastern Dispensary, Bath.—Resident Medical Officer. Salary £140 per annum, with furnished rooms, coals, gas, and attendance. Applications to the Hon. Secretary, F. Ernest Shum, 6, Bathwick Hill, Bath.

Bridgwater Hospital.—House Surgeon. Salary £120 per annum, with board, lodging, and washing. Applications to the Hon. Secretary, Edward Trevor, Bank Chambers, Bridgwater.

Appointments.

DINNICK, O. T., M.R.C.S., L.R.C.P.Lond., Senior Assistant to the Venereal Diseases Department, Royal Free Hospital.

GREEN, EDITH M. N., M.B., B.S.Lond., Senior Assistant to the Venereal Diseases Department, Royal Free Hospital.

Births.

BARROW.—On January 4th, at Bishopton, Lochgilphead, Argyle, the wife of Surgeon Murray Barrow, R.N., of a son.

BURNS.—On December 31st, at Bryn-y-mor, Dovercourt, the wife of Surgeon Henry Burns, M.B., Royal Navy, of a son.

DENHAM.—On January 3rd, the wife of Capt. Charles Holmes Denham, R.A.M.C., 14A, Ladbroke Terrace, of a son.

ROBIN.—On January 2nd, at Sidmouth, the wife of Arthur Robin, M.D., of a fourth son.

SUTTON.—On January 4th, at 29, Granada Road, Southsea, the wife (née Dolton) of Capt. E. A. Sutton, M.C., R.A.M.C.—a daughter.

WILSON.—On January 10th, at 14, Harley Street, W., the wife of Dr. S. A. Kinnier Wilson, of a son.

YOUNG.—On January 10th, at 2, Inverness Gardens, Kensington, the wife of Captain (Temporary) F. P. Young, R.A.M.C., of a daughter.

Marriages.

CAMPION—SHELLEY.—On December 30th, at St. Mark's Church, Alexandria, Captain Rowland Burnell Maule Campion, R.A.M.C., eldest son of C. A. B. Campion, Manager, Commonwealth Bank of Australia, London, to Kathleen Sybil, daughter of Edgar Shelley, of London and Melbourne.

HART—PEARSON.—On January 9th, at St. Barnabas Church, Addison Road, W., William Malloch Hart, M.C., C.A.M.C., First Canadian Contingent, son of the late Rev. Thomas Hart, D.D., of Manitoba College, Winnipeg, to Mary Dorothy, only daughter of E. W. Pearson, of the Inner Temple, Barrister-at-Law, and Mrs. Pearson, of 66, Brook Green, W., and of Minnedosa, Canada. Canadian papers, please copy.

HOFFMAN—WENDEN.—On January 6th, at Dursley Parish Church, Geoffrey Arthur Hoffman, M.B., eldest son of Arthur H. Hoffman, M.D., "The Red House," Cranham, near Stroud, Glos., to Mary, eldest daughter of Major Wenden, V.D., "The Chantry," Dursley.

LESLIE—LUPTON.—On January 13th, at Essex Church, Kensington, Captain William Leslie, R.A.M.C., son of Dr. Leslie, of Bexley Heath, to Mary Beatrice, third daughter of Henry Lupton, of Torquay.

MACMAHON—LOMAS.—On January 14th, at Isleworth Parish Church, C. Grant MacMahon, M.B., of 14, Harley Street, to Ethel Mary Plow, only child of the late Powis Lomas, J.P., Secretary and Comptroller, Great Eastern Railway, and Mrs. Lomas, of Old Isleworth, and Barton Mills, Suffolk.

PERCY—BOWNES.—On January 8th, at Creech St. Michael Church, Arthur John, Lieut., R.A.M.C., third son of Mr. William Percy, Taunton, to Agatha Georgina de Bohun, eldest daughter of the late Rev. J. Bownes, Vicar of Creech St. Michael, Taunton.

SAVAGE—HATHERELL.—On January 10th, at St. Thomas's Cathedral, Bombay, Lieut. Philip Savage, I.M.S., son of Mr. and Mrs. Savage, Bombay, to Phyllis Mary, daughter of Mr. and Mrs. Hatherell, Dulwich.

SHERRIS—JONES.—On December 30th, at St. George's, Tufnell Park, N., Captain Cyril Sherris, R.A.M.C., youngest son of John F. Sherris, to Dorothy, youngest daughter of the late Charles G. Jones, formerly of 31, Exeter Road, Brondesbury.

Deaths.

BAZALGETTE.—On January 7th, at Brent Knoll, Somerset, after a short illness, Sidney Bazalgette, M.R.C.S., L.R.C.P.Lond.

GOWANS.—On January 15th, at Broughty Ferry, Dundee, James Gowans, M.B., C.M.

HAMILL.—On January 7th, at Clowes House, Higher Broughton, Manchester, Dr. J. Wilson Hamill.

JOHNSTON.—On January 4th, at 31, Waverley Street, Nottingham, Dr. James Hunter Johnston, aged 51 years.

MORRIS.—On January 6th, at Parkside, Feltham, Middlesex, Colin Dwight Morris, M.R.C.S., L.R.C.P., aged 58.

MUNRO SMITH.—On January 13th, at 18, Apsley Road, Clifton, Bristol, George Munro Smith, M.D., L.R.C.P.Lond., M.R.C.S., Hon. and Consulting Surgeon to the Bristol Royal Infirmary, late Lieut.-Colonel R.A.M.C. (T.), dearly-loved husband of Amy E. Munro Smith, and son of the late William Smith, Surgeon, of 70 Pembroke Street, Clifton.

SANSOM.—On January 9th, at 127, End Lane, West Hampstead, Harry Arthur Sansom, M.D., dearly beloved and devoted husband of Gertrude Sansom, and eldest son of the late Dr. Arthur Ernest Sansom, of the London Hospital, aged 53.

Irish Supplement

TO THE

Medical Press and Circular

BEING THE OFFICIAL ORGAN OF THE

Irish Medical Association.

"To promote and protect the Interests of the Medical Profession."—(Cf.: Articles of Association.)

WEDNESDAY, JANUARY 17th, 1917.

Notice to Correspondents.

Poor Law Medical Officers and other subscribers to THE MEDICAL PRESS AND CIRCULAR are invited to make use of the facilities provided by the Management of the Journal for obtaining information on all matters connected with the Poor Law Medical Service or the Medical Profession generally in Ireland.

The Editor will be glad at all times to receive letters or marked copies of newspapers dealing with matters of medical interest. All communications must be addressed to the Office of the Journal, 29 Nassau Street, Dublin, and should be delivered not later than Saturday morning to ensure attention in the issue of the following week.

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EVENTS OF THE WEEK

ASYLUM MANAGEMENT.

IT is greatly to be feared that in many ways the management of the Irish district asylums lags far behind the standard that modern civilisation should regard as essential. It was only last year that the Inspectors of Lunatics made very shocking discoveries in a surprise visit paid to Ballinasloe Asylum. In this issue we print the report of Dr. Dawson, one of the Inspectors of Lunatics, on a recent visit to Sligo Asylum. The condition of affairs there is far from satisfactory. There has been over-crowding for many years past, and there is under-staffing with the inevitable results. The bedding is in some cases inferior, and the linen dirty, the service of food is rough and slovenly, and there is a general discomfort and lack of neatness in the rooms. Such conditions cannot fail to exert a depressing influence on the patients and to interfere with their chance of recovering their health. When will governors of asylums and hospitals learn that there is no economy so false as that which hampers recovery from disease, mental or physical? Even more depressing than Dr. Dawson's severe report is the cheerful acceptance of it by the Board of Governors as "very satisfactory."

IRISH MEDICAL ASSOCIATION.

A meeting of the Committee of Council was held on 10th January, 1917, the President, Dr. Marlay Blake, in the Chair; also present, Drs. Kidd, Maunsell, McGrath, and Keogh.

Apology for absence was received from Dr. Rowlette.

Minutes of previous meeting were read, confirmed, and signed.

Correspondence with the following members was considered and the reply of Secretary in each case approved:—Dr. C. McDonnell, Co. Limerick, *re* attendance at court in sanitary prosecution; Dr. Huston, Armagh, *re* certificates under Workmen's Compensation Acts and Employers' Liability Act; Dr. W. O'Donnell, Co. Kerry, *re* work done by the Association for Dispensary Doctors; Dr. J. Sheehan, Co. Kerry, *re locum tenens*; Dr. Cussen, Co. Limerick, *re* reporting of law case in SUPPLEMENT; Dr. Costello, Co. Kerry, *re* membership; Dr. A. F. Dixon, Dublin, *re* membership.

Correspondence with Dr. Sandys, Galway, was also read and the Secretary directed to write the

Local Government Board requesting them to sanction, under the special circumstances, payment of the fee claimed.

The Solicitor's costs for year 1916 were received, examined, and recommended to the Council for payment.

It was decided to have the list of members printed and issued as a SUPPLEMENT TO THE MEDICAL PRESS AND CIRCULAR.

The Committee's Quarterly Report to Council was read and adopted.

SLIGO ASYLUM.

At the last meeting of the Governors of the Sligo and Leitrim Asylum, a report was read from Dr. W. R. Dawson, Inspector of Lunatics. It contained the following passages :—

" The number of patients on the register of this Institution on the first day of the present inspection was 724, or 445 males and 279 females, a net increase of three over the number found at last inspection on 27th July, 1915, when there were 433 males and 228 females. The overcrowding, therefore, continues as bad as ever, but owing to war conditions, it is useless to urge steps for extending the accommodation at present. Of the deaths nearly 20 per cent. are ascribed to tuberculosis disease. Zymotic disease in the form of enteric fever has visited the asylum in the months of June, October, November, and December, attacking five patients and one nurse, but without fatalities. No serious casualties are recorded. One patient was placed in seclusion on a single occasion for eight hours, but the employment of mechanical restraint has been resorted to to an extent most unusual at the present day. No less than 18 patients have been restrained by means of the strait jacket for average total periods of 131 hours each, the reasons alleged including excitement, violence, prevention of self-injury, and surgical purposes. Making all allowance for the difficulties under which the asylum has been carried on for the past year, and the meagreness of the staff, such an amount of restraint must be regarded as highly unsatisfactory. Except in the case of one patient, who objected, no doubt with good reason, to the bad air in his dormitory, practically no complaints were received, although there were the usual demands for discharge. The clothing of the patients was good and comfortable, and that of the women very neat and clean. The number in bed was 58, but only four were stated to be seriously ill. No patients are under special observation, notwithstanding the fact that 27 are epileptic, and no steps have been taken to provide observation wards. The dining halls were visited during dinner, which, the day being Friday, consisted of bread, with rice, milk or soup, the latter being somewhat thin. Only the workers were given potatoes. The quantity appeared sufficient, but there was no improvement in the service, which was very rough and uncouth. The soup served to some who were unable to go to the dining halls was not sufficiently warm. The number of patients who are returned as usefully employed is no less than 504, which gives the excellent proportion of over 69 per cent. if those who merely assist the attendants in the wards be included. There was no perceptible improvement as regards the provision of papers and objects of interest in the wards. The day-rooms were comfortably warm, and fairly well kept as regards cleanliness, but ill-furnished and dreary, and in some cases greatly overcrowded, as were also some of the dormitories. The latter were fairly clean, but showed a general lack of neatness, and the most past of the building would require a large amount of painting, decorating, and small repairs to bring them up to the average of such institutions. The beds on the female side were fairly satisfactory, but on the male side the sheets were somewhat soiled—not a matter for surprise, as they are only changed once a fortnight. Some of the mattresses and bolsters were dilapidated, many beds lacked under-blankets, and nightshirts are only supplied in the hospitals. Some beds are still of the old canvas-bottomed type, and are only provided with straw ticks. The lavatories were as before, and were in fairly good order, but scarcely any were supplied with paper. Some of the bathrooms were untidily kept. The structural work done since last inspection included overhauling and alterations in the steam heating and the kitchen boilers, the completion of the storekeeper's house, and general plastering and painting, some of which was still in progress. One attendant and one nurse have been added to the staff since last visit, but the strength is still inadequate for the number of patients. With the above exception, little action, if any, appears to have been taken to rectify the matters to which attention was called in our last report. Captain Gilcriest, R.A.M.C., the assistant medical officer, has been absent on military duty for the whole period under review, and consequently only formal entries have been made on the case-books, but the other books and registers in general were found written up-to-date.

Chairman—I think that report is very satisfactory, gentlemen.

Mr. Fallon—It shows that we do not neglect our duty. I think that all the patients are fairly well off.

Clerk—There has not been anything serious happened.

The report was then marked " read."

VITAL STATISTICS.

The Registrar-General's return for the quarter ended 30th September last has just been issued, and generally speaking the figures disclose a satisfactory condition of the public health of the country.

The marriages (4,687) registered in Ireland during the third quarter of 1916 are equivalent to an annual rate of 4.3 per 1,000 of the estimated population, being 1.4 below the rate for the corresponding quarter of 1915, and 0.7 below the average rate for the second quarter of the ten years 1906-1915. Of the total number of marriages, 3,186 were of Roman Catholics, and 1,501 of other denominations ; the former number being equal to an annual rate of 4.0 per 1,000 of the estimated Roman Catholic population, and the latter affording a rate of 5.3 per 1,000 of the members of all other religious persuasions. The rate under each heading is 0.7 below the average rate for the corresponding quarter of the previous ten years. It is to be borne in mind that in many parts of the country the greater portion of the annual number of Roman Catholic marriages is celebrated in the first quarter, while as regards other marriages, the number in the first quarter is generally less than that for any of the other quarters of the year.

The number of births registered during the quarter was 22,842—11,780 boys and 11,062 girls—being equal to an annual ratio of 1 in every 47.5 or 21.1 per 1,000 of the estimated population. The average number of births registered during the corresponding quarter of the ten years 1906-15 was 24,820, equivalent to an annual rate of 22.7 per 1,000 of the estimated mean population of those years.

The respective birth-rates for the four provinces are—Leinster, 21.4 per 1,000 of the population, according to the Census of 1911 ; Munster, 20.2 ; Ulster, 20.9 ; and Connaught, 20.5.

The number of deaths registered in Ireland during the quarter ended 30th September last was 14,605—7,360 males and 7,245 females—affording an annual ratio of 1 in every 74.2 or 13.5 per 1,000 of the estimated population ; the average rate for the corresponding quarter of the ten years 1906-15 was 14.2 per 1,000.

The death-rate in Leinster was 14.6 per 1,000 of the population, according to the Census of 1911 ; in Munster, 12.5 ; in Ulster, 13.5 ; and in Connaught, 11.9.

EMIGRATION.

The Returns obtained by the Royal Irish Constabulary and the Metropolitan Police, who acted as enumerators at the several Irish seaports, show that the number of emigrants who left Ireland during the quarter ended 30th September last was 2,408 (422

males and 1,986 females), being 1,103 less than in the corresponding quarter of the year 1915, and 4,635 below the average number for the third quarter of the ten years 1906-1915.

The deaths registered in the City of Dublin for the week ending 6th January represented an annual death-rate of 27.4 per 1,000 of the population. There were 18 deaths from pneumonia.

CLONAKILTY UNION.

Dr. Bennett Resigns.

At a recent meeting of the Clonakilty Board of Guardians a letter was read from Dr. Wm. Bennett, medical officer of Clonakilty Dispensary District, resigning his position as from 19th of January. He had 45 years' service, and he hoped the guardians would grant him the superannuation allowance to which he was entitled.

The Chairman said she was sure they were all very sorry to hear of Dr. Bennett's resignation. He was a most efficient faithful officer.

Mr. Scully—We are very sorry for his resignation.

Mr. Wycherley—He was a good man, and anything the board can do as regards his superannuation it will be done. He saved the life of many a person, particularly women. And anything the board can do in recognition of his past services, they will be pleased to do it.

Mr. James McCarthy gave notice for that day six weeks that Dr. Bennett be granted the highest possible superannuation, to which his long and faithful service entitled him.

EDENDERRY UNION.

Rathangan Medical Officership.

The Local Government Board wrote :—

"The Local Government Board for Ireland have had before them the replies to queries respecting Dr. Thomas Kelly, a recently qualified medical practitioner, whom the Edenderry Board of Guardians propose to employ as temporary medical officer of the Rathangan dispensary districts, and with reference thereto the Local Government Board desire to state that if the Guardians are able to secure the services of a medical practitioner who is over military age, or otherwise ineligible for military service, to act as resident temporary medical officer, the Board will be prepared to sanction the arrangement, but, in the meantime, the services of Dr. Rowan, Kildare, should be utilised. The Board are not prepared to sanction the employment of Dr. Kelly, whose services are urgently needed in the R.A.M.C.—Your obedient servant.

"J. E. DEVLIN,
"Assistant Secretary."

Mr. Shiel—Coercion with a vengeance! It is a horrible state of affairs for the Guardians to have to pay four guineas a week when they could have a permanent officer at half the salary.

Mr. Gasteen—Is there someone acting?

Clerk—Yes, Dr. Rowan. Relieving Officer Murphy employed Dr. Kelly, and the Local Government Board refuse to sanction him.

No order was made.

ENNISTYMON UNION.

Doctor's Salary Increased.

At a recent meeting of the Ennistymon Board of Guardians, pursuant to notice of motion, Mr. N Considine moved that Dr. Pearson's salary be increased. He pointed out that Dr. Pearson was in charge of a very extensive district; the cost of living was very high; he had a lot of extra work; he was a most capable and energetic doctor, and he proposed that he be put on a similar footing with the other doctors by being given an increase of £50.

Mr. Joseph Considine seconded.

Mr. D. Molony said when Dr. Pearson was appointed he understood he would have the usual emoluments attached to the position, viz., the salary for attending the police and coastguards, and also the registration, but he found that all those positions had been taken by another medical man.

Mr. J. Burke—How much would those positions be worth?

Mr. Molony—I understand that the police alone are worth £30, and that the Coastguards are about the same. Since Dr. Pearson came to this district, I have issued four times more red tickets than I have issued in my life before. I think the Chairman has issued much more.

Mr. Hogan said that he was informed that it would cost from £140 to £150 a year to keep a motor car running. After that Dr. Pearson could not have very much left on which to live.

Clerk—We had an outbreak of typhoid fever in his district, and were it not for his prompt action in having the wells, which were the source of the disease, closed, it might have cost us hundreds, as other outbreaks cost us.

After further discussion, a count was taken, and the motion to increase was carried by 22 to 10.

NEW ROSS URBAN COUNCIL.

Abolition of Offices.

At a recent meeting of the New Ross Urban Council Mr. John O'Sullivan, Chairman, presiding, the proposal to abolish the office of Inspector under the Shops Act, the office of medical superintendent, and the Dairies and Cowsheds Order, came on for consideration.

In reply to the letter of the Clerk, who was directed to inquire of the Local Government Board at the last meeting if the office of medical superintendent could be abolished, the Local Government Board wrote drawing the attention of the Council to Article 8 of the Board's Sanitary Order No. 2, of the 3rd May, 1900, as to the Council's capacity to dispense with the services of their medical superintendent officer of health.

The Chairman after reading the Article referred to above, said he thought that the office of medical superintendent was another that could be dispensed with.

Mr. Hand—It is ridiculous to have one doctor looking after another. It is £15 a year Dr. Hickey is getting for this?

Clerk—Yes.

Dr. Walsh—The Local Government Board won't sanction the abolition of the office. We are the sanitary authority as mentioned in the regulations, but the Local Government Board are the authority above us, and I may tell you also they won't allow you to dispense with the services of the veterinary inspector.

Mr. Hand—We will try them.

Dr. Walsh—If there was an epidemic broke out to-morrow you would have to have a medical superintendent, and this Council had to do it before. It would be an extraordinary thing not to have one. Dr. Hickey went to a great amount of trouble in getting the water into the town, and since it was brought in fever outbreaks have abated. Dr. Hickey certainly did good work here. I hold no brief for him, I only came here to-night to qualify.

The Chairman said that according to the article referred to it showed that it was not absolutely necessary to have a medical superintendent.

It was decided that it be put on the agenda for the next meeting that the Council consider the advisability of abolishing the office of medical superintendent.

DISSOLUTION OF THE KILLALA UNION.

The *Ballina Herald* commenting upon the proposal to dissolve the Union of Killala, remarks :—

"We cannot say that the letter from the Local Government Board, notifying its intention of dissolving the Killala Union, and amalgamating the district with Ballina, has come upon us with any surprise. Since the project was mooted we consistently opposed it, and we are still of opinion that

the best interests of the ratepayers of Killala will not be served by it.

"The Killala guardians, we think we can say, are almost unanimously against amalgamation, though a few would be inclined to welcome the abolition of the workhouse, and the boarding-out of the few inmates in Ballina.

"We do not know if the protest of the guardians will have any effect, it really comes a shade too late. Their views were asked for six months ago, but for some reason or another, they were not forthcoming. The matter was deferred from meeting to meeting, and it is not to be wondered at that the Local Government Boar. came to the conclusion that it had a careless, if not a quiescent, body to deal with.

"The demand of the guardians now is not unreasonable, they ask to be allowed to retain the admin stration of the affairs of the District Council, and to have a separate rate to Ballina. Our private view is that Killala will lose by amalgamation, and, for some years at any rate, Ballina will not gain a great deal. Should both union and council be dissolved, no less than eight officers will have to be superannuated; the majority of these officers are comparatively young, and in the ordinary course will draw their allowances for many years. This will be a burden on the rates of Ballina and Killala, which will nullify many of the advantages which are said to arise from the merging of the two unions.

"We repeat that the officers must be treated generously, but we would recommend the guardians of both unions, especially Ballina, to consider what it is likely to amount to."

SCALE OF FEES.

At a recent meeting of the Athy Board of Guardians, relieving officer Lynch reported that he had to continue the services of Dr. McKenna as Dr. Higgins, Stradbally, is suffering from lumbago. A certificate to this effect was received from Dr. McKenna.

In connection with the scale of fees for acting as substitute, Dr. McKenna wrote:—"In reply to your letter, permit me to state that I cannot accept less than £5 5s. per week, or £1 1s. per day up to five days, while acting as *locum tenens* in Stradbally dispensary district. Considering that £4 4s. per week was the recognised pre-war fee, I fail to see how your board can expect medical men to work a district at the same rate, having regard to the fact of the greatly increased cost incurred in discharging similar duties at the present time. I herewith enclose copy of resolution passed by the medical officers of the union *re* scale of fees for temporary duty."

Mr. Hayden—I think he is quite right. The resolution was passed by the medical officers in reply to the following scale suggested by the guardians:—No. 1, £2 2s. for midwifery cases, operations and consultations; No. 2, £1 1s., one day's duty; No. 3, £2 2s., two or three days' duty; No. 4, £3 3s, four or five days' duty; No. 5, £4 4s., six or seven days' duty, and for periods of a week upwards, the remuneration is at the rate of £4 4s. weekly. In reply the doctors passed the following resolution:—"That we consider scale of fees for Nos. 1 and 2 reasonable, but in the case of Nos. 3, 4 and 5, the least we could accept is £1 1s. per day up to five days or £5 5s. for the full week. This, we consider an exceptionally moderate claim owing to the great increase in the cost of locomotion. In case of doing duty in the union hospital, we consider the fee of £4 4s. the least we could accept.

The Clerk said that when the scale was arranged the petrol was only 1s. 9d. per gallon, while now it is 6s. to 7s. per gallon.

Mr. Mahon—Undoubtedly they are entitled to an increase.

Mr. Hayden—There is no doubt the travelling expenses have increased.

Relieving officer Lynch said he had to engage Dr. McKenna at the fee of £5 5s. as he was the nearest doctor. As all the doctors belonged to the association, there was no use in asking any of them to take less than £5 5s.

Clerk—Under these circumstances, I think there is no option but to pay.

Relieving officer Lynch said Dr. Higgins would resume duty this week.

It was decided to pay £5 5s. weekly, subject to the sanction of the Local Government Board.

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MATTER FOR PUBLICATION.

All matters in connection with proceedings of Branches, or correspondence intended for publication in the official organ of the Association, must be sent to the

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Royal College of Surgeons,
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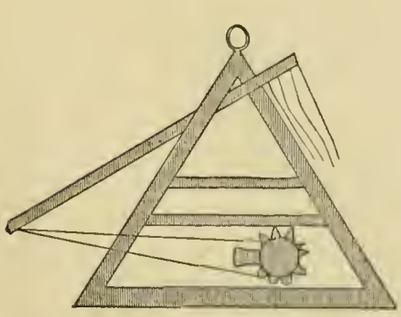

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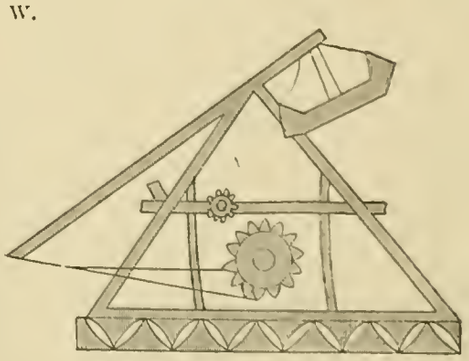

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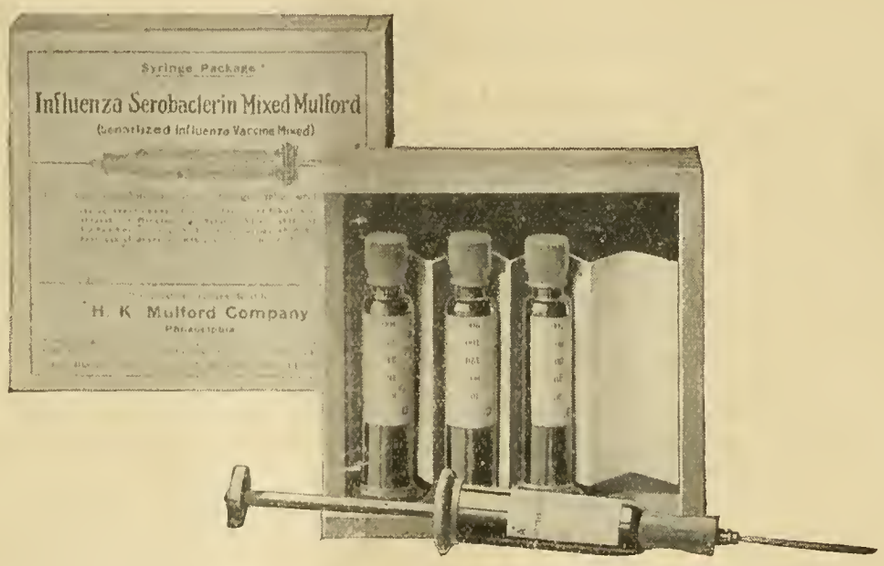
"An Ounce of Prevention Is Worth a Pound of Cure"

Immunize your patients against Influenza and "Colds" NOW and do not wait until respiratory affections are prevalent.



Influenza Serobacterin Mixed Mulford will give immunity from attacks of "Colds" and influenza to a large percentage of patients suffering with periodic attacks of disease of the respiratory passages caused by the organisms used in preparing the serobacterin.

Supplied in packages containing four aseptic glass syringes.

Syringes contain killed sensitized bacteria as follows:

	Syringe A	Syringe B	Syringe C	Syringe D
B. influenzæ	125	250	500	1000 million
Staphylococcus albus	125	250	500	1000 million
Staphylococcus aureus	125	250	500	1000 million
Streptococcus	125	250	500	1000 million
Pneumococcus	125	250	500	1000 million
M. catarrhalis (group)	125	250	500	1000 million

Literature describing method of treatment and dosage sent on request.

H. K. MULFORD COMPANY

Manufacturing and Biological Chemists

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